

On the right track

Learning from investment in Prevention
and Early Intervention in Ireland

Parenting

Outcomes Report

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Contents

Executive summary	5
Summary of key learning	5
Section 1: Overview of the report	8
Introduction to Capturing the Learning.....	8
Structure of report.....	9
Section 2: Parenting from a prevention and early intervention perspective	11
Introduction	11
Policy contexts	11
Why is parenting an important area to invest in?	17
Are all parents the same?.....	19
How does the parenting role differ as children get older?.....	20
What do we currently know about parents in Ireland and the UK?.....	21
Evidence-based strategies to support parenting.....	23
Engaging families with the support most likely to work for them	29
Summary.....	30
Section 3: The programmes in the Prevention and Early Intervention Initiative	31
Triple P Positive Parenting Programme (Longford Westmeath Parenting Partnership)	34
Preparing for Life (Northside Partnership)	37
Incredible Years BASIC Parenting Programme (Archways).....	41
Incredible Years parent and child training for children with ADHD (Archways)	43
Functional Family Therapy (Archways).....	45
Growing Child Parenting Programme (Lifestart)	46
Odyssey – Parenting Your Teen (formerly Parenting UR Teen) (Parenting NI)	47
CDI Early Years (CDI)	50
Doodle Den Programme (CDI)	51
Mate-Tricks prosocial behaviour after school programme (CDI)	51
Eager and Able to Learn Programme (Early Years).....	52
Media Initiative for Children: Respecting Difference (Early Years)	53
Ready to Learn (Barnardo’s Northern Ireland).....	54
Ready, Steady, Grow and the Parent-Child Psychological Support Programme™ (youngballymun)	
.....	55
Incredible Years whole school approach (youngballymun).....	57
Overview of impact of the programmes.....	58
Section 4: Conclusions	66
Discussion	66
Key learning	72
Appendix – Examples of other parenting support and programmes outside the	
Prevention and Early Intervention Initiative	74
References	79

Executive summary

For more than a decade, The Atlantic Philanthropies, sometimes in conjunction with Government and other organisations, has invested over €127 million in agencies and community groups running 52 prevention and early intervention programmes throughout the island of Ireland. This initiative includes a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, youngballymun and Preparing for Life in North Dublin). The initiative supports services using a diverse range of approaches and working in a wide range of areas, such as parenting, children's learning, child health, behaviour and social inclusivity.

All services funded under the Prevention and Early Intervention Initiative were required to rigorously evaluate the effectiveness of their services in improving outcomes for children. These evaluations include randomised controlled trials, quasi-experimental studies and qualitative work. The goal was to help the communities in which they operate, but also to share their learning so that policy-makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities.

This report synthesises the learning that is available from 15 programmes delivered as part of the Prevention and Early Intervention Initiative in Ireland and Northern Ireland to influence parenting behaviour. The programmes and interventions have demonstrated that they were able to replicate evidence-based programmes with fidelity and show positive outcomes consistent with those produced in other regions and jurisdictions internationally. It was also possible to successfully develop new programmes and services that are underpinned by a sound and robust theoretical evidence base and that are showing positive results. The programmes and interventions reviewed in this report have demonstrated their capacity to improve parental well-being and child behavioural difficulties in a relatively short period of time.

This report is an update to the previous parenting report published in 2013, and synthesises what we have learned from the Prevention and Early Intervention Initiative thus far about influencing parenting.

Summary of key learning

The importance of supporting parents

Parents play a critical role in influencing their children's lives, both before and after birth. There is increasing Government interest in promoting parent-based initiatives to improve the well-being of children. The assumption underlying this is that there is a direct link between the two – improving parenting will lead to improvements in children's well-being.

Parenting has been shown to influence children's social and emotional development, as well as their behaviour, education and physical health. We know that it is what parents do with their children rather than who they are that is crucial. The parent-child relationship is more important for children's development than the family income or structure. Factors such as a parent's personality, mental health, values, social support and cultural influences are important, as are characteristics of the child themselves.

Parenting is complex, influenced by many factors and changes over time. Children need different things from their parents as they grow up. Working out how best to support and intervene with families is complicated, but using quality evidence about what are effective approaches to supporting parents with different needs is essential. Effective support that is offered when it is needed will help parents to enjoy their families, to have children who are happy and healthy now, as well as increase the chances of this generation growing up to be healthy, socially and economically engaged adults.

Choosing an approach to supporting parents

There is no 'one size fits all' approach to supporting parents during the various stages of their child's development. Existing evidence shows that the most successful approach to supporting parents is to tailor the approach to their particular needs (where to locate the service and how to deliver are key decisions that must be informed by what is most likely to engage the families required). Learning from the Prevention and Early Intervention Initiative showed that time had to be invested to understand the needs and experiences of the potential participant group. A wide range of approaches were used, including population approaches, universal provision targeted in specific areas of social disadvantage, or available across a wider geographical area. Programmes varied according to eligibility requirements – for some there had to be a certain severity of problems, for others they were available to all parents with a child of a particular age. There were also differences in terms of the way the programme was delivered according to whether an individual or group-based approach was most likely to work with that group of parents.

Locating the service and engaging families

Parenting programmes, particularly those aimed at families with multiple difficulties, report relatively low participation and high dropout rates. Research has shown that as many as half of all parents referred to behavioural parent training programmes may drop out prematurely.

Learning from the Prevention and Early Intervention Initiative showed that it was important to locate the service where it was accessible to parents, either by choosing settings that were convenient for parents to go to (in their local community) or choosing what seemed like a legitimate setting for the work being done (e.g. holding sessions to help parents support their children's learning in pre-school or primary schools), or by delivering the service at home. The length of the sessions was also considered and they were arranged at a variety of times to suit parents. These factors influenced attendance at services.

Parents and practitioners often spoke of the importance of building relationships. High levels of trust were needed, particularly in home visiting services, and strategies to support this included negotiating with parents about the timing and frequency of visits, and the practitioner being supportive and non-judgemental. In group settings, the skill of the facilitator was seen to be key in managing the group and making sure that all parents felt involved throughout the duration of the programme. Organisations sometimes found that extensive training and support was required in order to equip staff to engage with families, particularly if delivering the programme was more structured compared to how they delivered programmes previously.

Integrated planning

During the planning phase each site carried out a needs assessment, engaged in consultation with a wide range of stakeholders (including local residents), and identified at an early stage the desired outcomes in each site. This in-depth, multi-stakeholder strategy enabled the exploration of how existing resources and systems could realign their delivery, consider value for money factors, and develop an approach to improving outcomes. Interagency partnership and collaboration in service delivery may reduce duplication of services at local level, increase the potential of engagement and buy-in from all of the key stakeholders, including service users, in the local community and increase the likelihood of successful implementation of programmes and services.

Supporting parenting stress

Parental mental health issues and parenting stress can negatively impact on how parents relate to their children. Parenting stress over time can leave a parent less able to cope with problematic child behaviour, which may make the problems even worse. Learning from the Prevention and Early Intervention Initiative found that parenting programmes can decrease parental stress and improve parents' ability to cope.

Evidence of what works

Research studies, such as the evaluations reported in the Prevention and Early Intervention Initiative and the large-scale national cohort studies currently under way (e.g. the Millennium Cohort study in the UK (including Northern Ireland) and the Growing Up in Ireland study), provide a useful insight into parental well-being and its impact on children's outcomes. The parental well-being indicators included in the large-scale national cohort studies, combined with the already well-developed child well-being indicator set in the biannual *State of the Nation's Children* reports, creates the potential for both jurisdictions to build a more comprehensive understanding and picture of how our children and their parents are doing and how their identified needs can best be met.

Importance of evaluation

In times of constrained public finances it is increasingly important to ensure that we spend our money on activities that provide the greatest possible social and economic return. Basing approaches on reliable and robust evidence and undertaking quality evaluations of local initiatives are vital to this. The risk of not doing this is that we do not know if approaches are ineffective or, worse still, result in overall adverse outcomes or costly investments. Any study undertaken should automatically incorporate a cost-effective element. This should include the true costs of setting up and delivering the service, including training, resources and the costs of ongoing delivery.

Learning from the Prevention and Early Intervention Initiative showed that it is possible to set up, implement and evaluate a parenting service over a period of between two and four years. This would require identifying short, medium and long-term outcomes and evaluating them accordingly.

A briefing paper titled *On the right track Learning from investment in Prevention & Early Intervention in Ireland: Parenting* which includes recommendations for those who design, deliver and fund services for children is available to download from www.effectiveservices.org/resources/article/on-the-right-track-parenting-summary

Section 1: Overview of the report

Introduction to Capturing the Learning

For more than a decade, The Atlantic Philanthropies has been funding an initiative to promote prevention and early intervention for children and youth in Ireland and Northern Ireland. This has involved investing, sometimes jointly with Government, in a cluster of organisations that have developed and delivered services based on evidence of what works. The Atlantic Philanthropies has invested some €127 million in agencies and community groups running 52 prevention and early intervention programmes in Ireland and Northern Ireland. This initiative includes a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, youngballymun and Preparing for Life in North Dublin). The initiative supports services using a diverse range of approaches and working in a wide range of areas, such as parenting, children's learning, child health, behaviour and social inclusivity.

A condition of funding required the organisations to rigorously evaluate the effectiveness of their services in improving outcomes for children. The goal was to help the communities in which they operate, but also to share their learning so that policy-makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities.

The On the right track project, led by the Centre for Effective Services (CES), involves a process of synthesising the collective learning from many of the projects in the Prevention and Early Intervention Initiative, collating data and information from multiple sources and perspectives, and distilling overarching messages about 'what works'. It is not a meta-analysis of the evaluation results; rather, it is a best-evidence synthesis which places the learning from the initiative alongside what is known broadly about influences on children's learning. The CES website, www.effectiveservices.org, gives further details on each of the innovations, planning reports, implementation reports and evaluation reports, as well as other useful resources.

The present report is one in a series of reports synthesising what we have learned from the Prevention and Early Intervention Initiative. Other reports from On the right track focus on what we have learned from the Initiative about influencing children's learning; child behaviour; social inclusivity; and children's health and development. A report is also available examining what the organisations learned about choosing, developing and implementing innovations and evaluating their outcomes.¹

¹ Sneddon et al, 2012

Structure of report

Following this Overview, the report is structured as follows:

Section 2 contains an overview of the policy context for implementing strategies to improve outcomes for children. An outline is provided of the rationale for why prevention and early intervention work with parents is important now and in the future, and the evidence base for effective strategies/programmes to influence parenting and parent-child relationships is reviewed.

In **Section 3**, a brief description is given of the 15 programmes that currently have relevant evaluation findings available. The approach of each programme is outlined, the key components of the programmes are described, and the main evaluation findings currently available are summarised.

There are five programmes that work directly with parents as their main focus:

- **Triple P is a multilevel**, population-based parent training programme. It aims to decrease prevalence rates for childhood social emotional and behavioural problems, decrease parental distress and increase parental confidence and competence. The Midlands Area Parenting Partnership delivers this across counties Longford, Westmeath, Laois and Offaly to parents with children aged 15 years of age and younger.
- The **Incredible Years BASIC Parenting Programme** aims to train parents in supporting children's social, emotional and prosocial development. Archways delivers this programme in a number of sites in Dublin and Kildare and youngballymun delivers the programme as part of its whole school approach to Incredible Years.
- **Preparing for Life** works with parents from pregnancy until their child reaches age five years. The programme aims to improve parenting skills and knowledge of child development, leading to improved school readiness. It is delivered in a targeted area of disadvantage in Dublin 5 and Dublin 17 by the Northside Partnership.
- **Odyssey – Parenting Your Teen** aims to support parents of teenagers in developing problem-solving, communication, boundaries and self-esteem. It is delivered by Parenting NI in 14 locations across Northern Ireland.
- **Lifestart Growing Child Parenting Programme** is a parent-directed child-centred learning programme on child development delivered to parents of children aged from birth to five years of age. It is a structured month-by-month curriculum of information, knowledge and practical learning activity for parents. The programme is delivered by trained family visitors in the child's own home. Lifestart delivers this service in numerous sites throughout Ireland and Northern Ireland.

Evaluations have been completed for each of these programmes. Evaluation of the programmes was approached in a variety of ways.

Section 3 also provides a brief description of six other programmes that have an additional parental component as part of their overall programme objective:

- **Doodle Den, CDI Early Years** and **Mate-Tricks**, all of which are programmes delivered by the Childhood Development Initiative (CDI) in West Tallaght in Dublin.
- **Eager and Able to Learn**, and **Media Initiative for Children: Respecting Difference**, both of which are programmes delivered by Early Years, Northern Ireland.

- **Functional Family Therapy**, a programme delivered by Archways, treats young people and their families dealing with relationship issues, emotional and behavioural problems, conduct disorder, substance misuse and delinquency.
- **Incredible Years Parent and Child training for children with ADHD**, also delivered by Archways, is tailored to the specific needs of children with ADHD symptoms. It involves either the Incredible Years Basic Parenting Programme or a combination of the Incredible Years Basic Parenting Programme and Incredible Years Dina. Incredible Years Dina is a child training programme delivered to children and focused on building friendship skills, teaching problem-solving strategies, enhancing emotional literacy and anger management, and enhancing school performance.
- **Ready to Learn** (Barnardo's Northern Ireland) is voluntary after school programme for children at primary school level which also works with parents. It aims to enhance children's literacy skills, and as a secondary outcome children's social, emotional and behavioural regulation skills.
- **Ready Steady Grow** (youngballymun) is an area-based infant mental health service strategy that aims to maximise the social and emotional development of 0–3-year-olds by supporting parents in fostering positive relationships with their infants. A key element of Ready, Steady Grow is the **Parent-Child Psychological Support Programme (PCPSP)**, a centre-based intervention for parents and their infants aged 3–18 months, as well as other initiatives to support parent-infant relationships and child development and capacity building for local service providers to enhance the promotion of infant mental health. This report covers findings from the process evaluation of **Ready Steady Grow** and the programme evaluation of the **Parent-Child Psychological Support Programme**.
- **National Early Years Access Initiative (NEYAI)** is a three-year initiative (2011–2014) comprising 11 projects generally focused on improving quality and outcomes in early years settings. The national evaluation did not focus on parenting; as a result, while the NEYAI initiative is described in Section 3, the findings of the evaluation are not discussed in this report.

In **Section 4**, a synthesis and discussion of the findings is presented, drawing out the commonalities and differences in the approaches and the effects of these. This is followed by the key learning gained from the evaluations of these prevention and early intervention programmes, designed to improve outcomes for children.

The report concludes with a list of **References** that informed the report. Finally, the **Appendix** presents examples of other parenting support programmes used in Ireland and Northern Ireland.

This is the updated final report from CES in a series of parenting outcome reports, the first of which was published in 2012. In order to ensure that the series of outcomes reports provides a central resource of evaluations conducted as part of the Prevention and Early Intervention Initiative, this report includes the findings from the previous report as well as updates to interim evaluations; it also contains some new programme findings.

Section 2: Parenting from a prevention and early intervention perspective

Introduction

This section provides a summary of international and national evidence relating to supporting parents to improve outcomes for their children. It is not an exhaustive review of the literature; rather it focuses on approaches to parenting that have proven to be effective and that are similar to those delivered as part of the Prevention and Early Intervention Initiative in Ireland and Northern Ireland. Some examples are also provided of interventions that are being delivered in both jurisdictions and that are either evidence-based proven programmes or innovative and internationally recognised approaches, which have a rapidly developing evidence base in Ireland and are being subjected to various forms of evaluation.

Policy contexts

International policy context

The last 20 years has seen an unprecedented increase in the number of children and family support services internationally, aimed at intervening effectively and improving the lives of children and families. International trends have seen a focus on specific higher order outcomes to be achieved for children through strengthening universal services (i.e. services to all children and families) and then targeting services at those most vulnerable.² This 'outcomes-focused' approach to children's services aims to encourage service providers and delivery agents to focus their service planning and delivery around how their interventions can improve outcomes for children.³

Policy directives to achieve outcomes have resulted in a focus on prevention and early intervention – concepts that translate in practice as providing services and supports for parents and children aimed at intervening early in children's lives to prevent situations escalating, and also intervening early in the development of a psychological or social problem.⁴ A framework for understanding the different 'levels of need' of families and how services can be planned to meet these needs has been developed by Hardiker et al⁵ and is illustrated in Figure 1. The model has been adopted and adapted by governments in Ireland and Northern Ireland.⁶ It is a planning framework that assists in understanding different levels of need within a population of children and it facilitates partnership working with statutory, voluntary and community services by providing clarity about which services are needed for children at each level and how each agency can contribute to providing these services.⁷

² OMCYA, 2007; Parton, 2006; Hardiker et al, 1991 and 2002

³ Barlow and Scott, 2010; OMCYA, 2007

⁴ Fernandez, 2004; Allen, 2010

⁵ Hardiker et al, 1991

⁶ OMCYA, 2007; DHSSPS, 2006

⁷ Hardiker, 2002

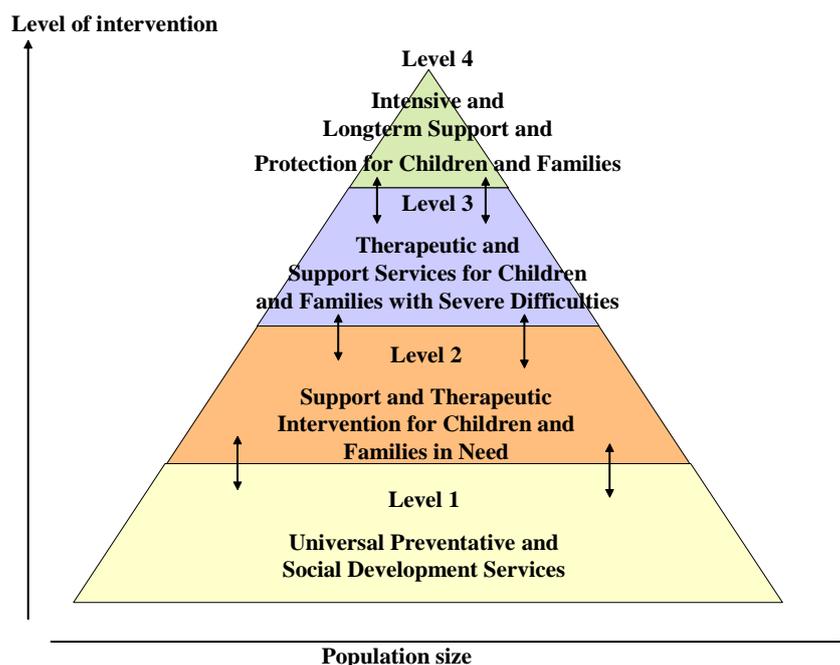


Figure 1. Hardiker Model

Government policies internationally have been directed at promoting research that can provide evidence for effective early interventions and prevention programmes to improve child and family well-being. Many of these interventions and models have been directed at supporting parents: it is widely recognised that parents are crucial to their child’s well-being, and supporting parents plays a significant role in achieving good outcomes for children and young people. The United Nations Convention on the Rights of the Child⁸ places particular emphasis on supporting the family in carrying out its caring and protective functions, and Articles 3, 5, 18 and 27 relate specifically to parental responsibilities. The Convention identifies parents as central to realising children’s rights within the context of the family, with the State giving sufficient support to families generally.⁹ An influx of universal and targeted parenting programmes and programmes developed and designed to promote children’s development, improve well-being and support parents has emerged, with parenting support featuring prominently in most family support services.

The policy context on the Island of Ireland

Policy in both the Republic of Ireland and Northern Ireland acknowledges the importance of promoting children’s social and emotional development, and of intervening early to address problems when they arise. In Northern Ireland, the draft Programme for Government (2016–2021) identifies 14 strategic outcomes, one of which is to ‘give our children and young people the best start in life’.¹⁰ In order to achieve this outcome, the Programme for Government proposes that delivery can be supported through ‘high-quality early years provision and by building the confidence and capability of families and communities to help children and young people achieve their potential’. In Ireland, *Better*

⁸ United Nations, 1989

⁹ Henricson and Bainham, 2005; Pecnik, 2007

¹⁰ <https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf>

Accessed 22 July 2016

*Outcomes, Brighter Futures: The National Policy Framework for Children and young People*¹¹ and in Northern Ireland the 10-year strategy *Our Children and Young People – Our Pledge*¹² – all emphasize the need for broad-based support to enhance the development of all children and flexible, community-based interventions to meet the needs of children and young people deemed to be at risk.

Both jurisdictions have developed structures to encourage agencies to work more closely together to plan and deliver such services, through Children and Young People’s Services Committees (CYPSCs) in Ireland and the Children and Young People’s Strategic Partnership in Northern Ireland (CYPSP). The purpose of a CYPSC is to ensure effective interagency coordination and collaboration to achieve the best outcomes for all children and young people in its area. A primary subgroup of each CYPSC is the parenting subgroup which facilitates the coordination and planning of parenting supports in the county or local authority area covered by a CYPSC.¹³ CYPSPs have responsibility, through outcomes groups located in each of the five Health and Social Care Trusts, to bring together all of the key agencies with responsibility for children (including the community and voluntary sector) to plan and deliver services. A key component of these partnerships is the development of family support hubs providing early access to intervention and preventative services in the community. Both countries share a commitment to developing services based on partnership with families and to providing services that are ‘evidence informed’ and have been shown to work.

Northern Ireland policy context

Policy directives and initiatives in Northern Ireland are often located in the wider government policies of the UK. The last decade has seen a substantial change in how services are provided to children; it has also seen increased investment in publicly funded services in the four nations of the UK. The reform of children’s services has consisted of a broadening of focus – from the provision of specialist services for children in need to strengthening the universally provided services of health and education – and targeting those children and families who may be at risk of exclusion, disadvantage and other difficulties, thus shifting the focus from dealing with consequences to preventing things going wrong in the first place.¹⁴

Within the current policy context, there is significant emphasis on the value of parenting education, and support for families who require this kind of assistance across Northern Ireland. Various government strategies, programmes and reports highlight the critical importance of prevention and early intervention approaches and the valuable contribution that evidence-informed and evidence-based programmes can make in supporting families and improving outcomes for parents and children.

Northern Ireland’s public health policy, *Making Life Better: A whole system strategic framework for public health 2013-2023* follows the *Investing for Health Strategy*¹⁵ and takes a holistic approach, recognising the interrelationship between health, disadvantage, inequality, childhood development

¹¹ Department of Children and Youth Affairs, 2016

¹² OFMDFM, 2006

¹³ Owens, S. (2015)

¹⁴ Parton, 2006; Cabinet Office, 2007

¹⁵ Department of Health, Social Services and Public Safety, 2002

and education, employment, the social and physical environment, and economic growth.¹⁶ *Making Life Better* (DHSSPS, 2014) has six principal themes, one of which is 'giving every child the best start'. The key long-term outcomes under this theme are to ensure:

- Good quality parenting and family support
- Healthy and confident children and young people
- Children and young people skilled for life.

The [*Delivering Social Change*](#)¹⁷ framework was established by the Northern Ireland Executive to address poverty and social exclusion through more collaborative working. Six initial signature programmes were announced in 2012, designed to tackle poverty and improve children's health, well-being, educational and life opportunities. Programmes included family support hubs, nurture units and parenting programmes. A further three signature programmes were announced in 2014, including the Early Intervention and Transformation Programme (EITP) which was jointly funded by the Northern Ireland Executive and The Atlantic Philanthropies. The aim of the programme is to improve outcomes for children and young people in Northern Ireland by embedding early intervention approaches. The EITP has three workstreams, each of which focuses on different kinds of support and outcomes for families. Workstream Two aims to support families as problems arise and before statutory intervention is required. Through this, five new flexible early intervention support services are being introduced which will deliver a range of practical and therapeutic supports to families, including parenting support and education.¹⁸

The Public Health Agency (PHA) has also been developing strategies to increase the use of evidence-based early intervention programmes and services. Through its involvement in the delivery of Workstream Two of the EITP, the PHA commissioned a review of ten evidence-based parenting programmes in Northern Ireland and a subsequent mapping and auditing of these programmes. The report of the findings is intended to promote a greater understanding of the provision and implementation circumstances of the programmes and inform future decision-making by funders and commissioners.¹⁹

Additional relevant policy documents include *Family Matters: Supporting Families in Northern Ireland*²⁰ and *Healthy Child, Healthy Future*.²¹ The latter document adopts a 'whole child model' for improving outcomes for children through more integrated planning of services. It is underpinned by a progressive universalism model, but most importantly places great emphasis on parenting support and the promotion of positive parenting.

The Department of Education, in an extension of the initiative in the UK, established 32 Sure Start programmes across Northern Ireland. These were set up as community-based multi-agency projects in designated areas of severe deprivation and disadvantage. Sure Start's focus on early intervention and the provision of services in relation to health, early years, education and well-being of families in disadvantaged areas means that the programme is closely aligned to various Department of Education and wider government priorities. A review of the programmes in 2015 indicated that all Sure Start projects in Northern Ireland offer evidence-based or evidence-informed parenting

¹⁶ Public Health Agency, 2014

¹⁷ <http://www.ofmdfmi.gov.uk/delivering-social-change>. Accessed 20 July 2016.

¹⁸ <https://www.health-ni.gov.uk/articles/early-intervention-transformation-programme>. Accessed 20 July 2016.

¹⁹ Centre for Effective Services/Public Health Agency (2016). In press

²⁰ Department of Health, Social Services and Public Safety, 2007

²¹ OFMDFM, 2010

programmes. Evaluation data are currently mapped onto the Regional Parenting and Family Support Strategy for Sure Start programmes, so as to ensure a consistent approach across projects, although the review recommends the development of a central suite of tools and processes to facilitate the consistent and robust collection of evidence across programmes.²² The Department of Education is currently developing the new children and young people's strategy 2017–2027.

Ireland policy context

The policy environment in Ireland has altered substantially in the years since the final report of the Commission on the Family, *Strengthening Families for Life*,²³ made substantive recommendations for supporting parents in Ireland.

Best Health for Children was a HSE-led initiative. It produced a strategy document entitled *Investing in Parenthood*,²⁴ which focused on identifying a strategic approach to support parents to achieve best health for their children. It called for both universal and targeted supports for parents, and multi-agency and cross-departmental working. It advocated the use of people-centred and community development approaches, and emphasized the promotion of children's rights. Although the objectives of the Investing in Parenthood strategy were not delivered, the strategy document did have an influence on a major policy document produced some years later. This was *The Agenda for Children's Services: A Policy Handbook*, published in 2007 by the Office of the Minister for Children and Youth Affairs.²⁵ *The Agenda* set out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland and, following international trends which are focusing on specified outcomes as goals to improving children's lives and well-being, identified seven national outcomes for children in Ireland. This policy handbook promoted a lifecycle approach to delivering children services and a collaborative, cross-sectoral way of working.

The National Children's Strategy,²⁶ was a significant and substantial framework document setting out a 10-year strategic plan for children in Ireland within the context of a 'whole child' perspective. The central tenet was the belief that a coherent and inclusive view of childhood was crucial to the success of the strategy. It not only provided a means of identifying a range of children's needs but also has helped to identify how best to meet those needs by empowering families and communities and improving the quality of children's lives through integrated delivery of services in partnership with children, young people, their families and their communities. The strategy sought to establish this 'whole child' perspective, based on the ecological model, at the centre of policy development and service delivery.

In 2014, *Better Outcomes Brighter Futures* was launched by the Department of Children and Youth Affairs as the first national, cross-government policy framework for children and young people. The policy framework covers the period 2014–2020 and applies to all children and young people up to age 24 years. The framework builds on the National Children's Strategy. It is focused on the five national outcomes which aim to ensure that children and young people:

²² Department of Education, 2015

²³ Commission on the Family, 1998

²⁴ Best Health for Children, 2002

²⁵ OMCYA, 2007

²⁶ Department of Health, 2000

- Are active and healthy
- Are achieving full potential in all areas of learning and development
- Are safe and protected from harm
- Have economic security and opportunity
- Are connected, respected and contributing to their world.

With regard to parenting, the framework describes supporting parents as a key 'shift' which it aims to achieve over the life course of the framework in order to support the achievement of better outcomes for children and young people. The framework identifies six transformational goals that, with focused and collective effort, have the potential to enhance the effectiveness of existing policies, services and resources. The first transformational goal is to support parents. This represents acknowledgement of the critical role of parents in children's outcomes.²⁷ With regard to this transformational goal, the framework states:

'This framework seeks to ensure that parents in Ireland are equipped and supported to raise their families, to play their role as their children's primary carers, to promote the best possible outcomes for their children and to meet all challenges that may arise. This priority will be delivered through commitments made to increase the provision of supports to all parents through universal access to good-quality parenting advice and programmes, and access to affordable quality childcare, as well as targeted, evidence-based supports to those parents with greatest needs.'²⁸

In 2015, the Department of Children and Youth Affairs published a national high-level policy statement on parenting and family support.²⁹ This statement outlined a range of high-level policy messages, many of which focused on the role of parenting, including the crucial importance of parental and family relationships to child development outcomes and the adoption of a strengths-based approach to supporting the coping capacity of parents and families. The policy statement also draws attention to the importance of informal support networks (e.g. extended family, community). The policy statement recognises the multiplicity of challenges that some children, their parents and families may face and highlights the need to reorient service planning and delivery from a mainly crisis or late intervention approach to one more focused on prevention or early intervention. The need to systematically build on the existing evidence base relating to what works best in parenting and family support in order to inform further service development is outlined.

The prospects of succeeding in implementing the new policy directives of (1) early intervention and prevention, (2) services across the lifecycle and (3) the promotion and delivery of more integrated collaborative services for children and families, has been bolstered significantly by the appointment in 2010 of the first Cabinet-level Minister of Children and Youth Affairs, and Government Department, the Department of Children and Youth Affairs (DCYA). DCYA has continued to support the Prevention and Early Intervention Programme, and on foot of a number of recent damning reports into the care and protection of children in Ireland, has established Tusla, the Child and Family Agency. Recommendations to Government on the development of Tusla include a child-centred service delivery model based on the national outcomes, strengthened universal services and

²⁷ Owens, 2015

²⁸ DCYA, 2014

²⁹ DCYA, 2015

emphasis on the provision of community-based early intervention services delivered through an integrated service delivery model and to families at all levels along a continuum. Tusla has developed a suite of documents to support parents and those delivering services to parents as part of the Service Delivery Framework.³⁰ These documents are available at www.tusla.ie.

Interestingly, while there has been substantial progress across both jurisdictions in reforming children's services and while there have also been increased efforts to provide services to improve outcomes for children, there is still no explicit policy directly related to supporting parents and parenting.

Why is parenting an important area to invest in?

Many of the problems adults experience, and which are the focus of a range of social policies, have their origins in early childhood. It is no coincidence that the health services, particularly mental health, criminal justice systems and social welfare systems, are largely populated by people who have experienced multiple problems and disadvantage stemming from their early experiences. Prevention and early intervention policies and initiatives aim to 'nip in the bud' the early indicators of these problems and to support more positive outcomes, particularly for those in areas of social and economic disadvantage. Prevention and early intervention initiatives support today's children to become healthy, socially and economically engaged adults in the future. The interventions, programmes and practices employed today by schools, parents and community services can have far-reaching effects throughout the life course, which are beneficial not only to those children and families but also to their communities and the wider societal and political systems in which we live.

Parents play a critical role in influencing their children's lives, both before and after birth. There is increasing Government interest in promoting parent-based initiatives to improve the well-being of children. The assumption underlying this movement is that there is a causal link between the two – improving parenting will lead to improvements in children's well-being. Parenting is a complex role influenced by many factors and working out how best to support and intervene with families is complicated by a diverse evidence base that is predominantly based on associative evidence, rather than direct causal links. We know what factors or characteristics tend to be associated with particular outcomes, but not necessarily whether they directly cause the outcomes themselves or whether the effect is due to another factor. It is important not to look at single factors in isolation, but rather to take a holistic approach with effective parenting and family support that can meet a diverse range of needs at its core.

Parental influences on childhood outcomes begin even before a child is conceived. For example, maternal diet before and during pregnancy can influence the risk of congenital defects, pre-term delivery, low infant birth weight, and pre-eclampsia. Heavy drinking during pregnancy appears to be associated with behavioural problems and cognitive deficits in offspring at age three years.³¹ Smoking during pregnancy may increase the risk of both diabetes and obesity to the child after birth,³² as well as the risk of ADHD.³³ After birth, parenting has been shown to influence children's behavioural and emotional outcomes, as well as multiple aspects of psychological, social, educational, intellectual and physical health. It is what parents do with their children rather than

³⁰ Owens, 2015.

³¹ Kelly et al, 2008

³² Montgomery and Ekblom, 2002

³³ Thapar et al, 2003

who they are that is crucial.³⁴ The quality of the parent-child relationship is more important for children's development than the family income or structure. Parenting is more than something simply 'done' to children, it is also influenced by the behaviour of the child and their contribution to the relationship. Children, to some degree, influence the parenting they receive and this may be as important as the effect that parents have on children's behaviour. Key child characteristics that influence parent-child interaction include gender, age, temperament and the presence of physical or intellectual or behavioural disability.³⁵ It is also important to note that parenting and the parent-child relationship does not occur in a vacuum. Both the child and parent interact with, influence and are influenced by many other factors, such as the family environment, community, school and wider society.

Variations in parent-child relationships have been associated with several outcomes during childhood and into later life³⁶ such as:

- *Educational outcomes:* Parenting engagement in their child's learning and education is a key predictor of successful learning and later positive outcomes, such as employment. What and how children learn depends on the quality and nature of the relationships they have with their parents and caregivers. Having a parent who reads with their child, provides a place in the home for educational activities, talks to their child about what they do in school and provides complementary learning experiences (such as trips to the zoo, library visits, sporting activities) can change the influence of poverty on children's readiness to learn and engagement with the world around them.³⁷
- *Children's social success, both during childhood and in later life:* A warm, loving and reciprocal family relationship with fewer life stresses in the home can facilitate children's social behaviour and how they interact with others. A parent who responds sensitively to their child and who actively plays with them will positively influence their social and emotional development.³⁸ The relationship between a child and parent during the first few years of life later predicts how successfully children will get along with their peers.³⁹
- *Child health* such as serious injuries, accidents and burns in younger children: This is associated with the home environment and parental monitoring and supervision. Parenting is also associated with high-risk health behaviours in older children, such as smoking, illicit drug use, alcohol use and sexually risky behaviours.⁴⁰ The reasons for this are not clear – it may be due to children copying their parents' inappropriate behaviour or a result of children becoming more susceptible to substance misuse due to psychological factors.
- *Aggressive behaviour and delinquency:* In the Dunedin Health and Development study,⁴¹ for example, poor parenting in early life was associated with a twofold increase in delinquent behaviour and was an especially important predictor of delinquent behaviour among children judged to have an irritable temperament.
- *Later depression, anxiety and social withdrawal:* The evidence from large-scale studies links the quality of the parent-child relationship with depression, anxiety and other internalising problems.⁴²

³⁴ Allen, 2011; Nixon, 2012

³⁵ O'Connor and Scott, 2007

³⁶ O'Connor and Scott, 2007

³⁷ Fantuzzo et al, 2004; Christian et al, 1998; Sénéchal and LeFevre, 2002; RCH, 2010

³⁸ Nixon, 2012

³⁹ O'Connor and Scott, 2007

⁴⁰ O'Connor and Scott, 2007

⁴¹ Henry et al, 1996

⁴² O'Connor and Scott, 2007

- *Resilience*: There is also considerable evidence that children can sometimes grow up in all sorts of difficult circumstances without developing significant problems, and an increasing research base is trying to understand factors that support children's resilience to thrive in the face of adversity.⁴³

Are all parents the same?

Parenting behaviour is determined by a range of factors, including personality, mental health, values, social support, child characteristics and sociocultural influences. It has also been suggested that an individual's style of child-rearing is influenced by the style of parenting that they themselves experienced as children.⁴⁴ Much of the research looking at risk factors for difficulties in parenting has focused on risks, such as economic adversity, marital strain, family stress and mental health problems. Life course and intergenerational risks for poor parenting have also been identified.⁴⁵

Parental mental health

Poor parental mental health is associated with poorer children's outcomes. Children of depressed mothers are more likely to show poorer social, psychological and cognitive outcomes and are at increased risk of depression themselves and other problems such as conduct disorder.⁴⁶ Emerging studies of paternal depression are also showing similar effects.⁴⁷ Poor parental mental health and parenting stress can negatively impact on how attuned the parent is to their infant. The chronicity of any mental health problems seems to be important. Depression lasting more than the first 12 months after birth is significantly associated with poorer later outcomes in the child.⁴⁸ Parental mental well-being also affects older children. A review of longitudinal studies found that by the age of 20, children of affectively ill parents have a 40% chance of experiencing an episode of major depression and are more likely to exhibit general difficulties in functioning, including increased guilt and interpersonal difficulties, such as problems with attachment.⁴⁹ With factors such as parental stress, the associative relationship between issues may be complex and cyclical. For example, parenting stress may be a result of having a child with behavioural problems, and therefore a symptom resulting from these problems rather than the original causal factor of the problem. However, over time, the parenting stress may leave a parent less able to cope with the problematic behaviour, which may exacerbate the problems further.

Parents living in poverty

Several factors are more prevalent in poor areas and make the task of parenting more difficult. Children raised in poverty do less well than children raised in more favourable circumstances on a range of measures of attainment and quality of life, although some will succeed even in these more adverse circumstances.⁵⁰ Children who grow up in poverty are more likely to be exposed to cumulative multiple stressors and are consequently at increased risk of adverse outcomes. Their housing is more likely to be noisy, overcrowded and of poor quality; they are at higher risk of experiencing more family turmoil and higher levels of violence than children who are not socially disadvantaged, and they are also less likely to be exposed to developmentally enriching materials

⁴³ Gilligan, 2000; Velleman and Templeton, 2007

⁴⁴ Iwaniec and Sneddon, 2002; Allen, 2011

⁴⁵ O'Connor and Scott, 2007

⁴⁶ Burke, 2003

⁴⁷ O'Connor and Scott, 2007

⁴⁸ Cornish, McMahon and Ungerer, 2008

⁴⁹ Beardslee, 1998

⁵⁰ Scott et al, 2006

and opportunities. Parents living in poverty are at increased risk of mental health problems and their parenting behaviours tend to be less consistent, less stimulating and more punitive than those of parents not living in poverty.⁵¹

Young parents

Although there is some recognition that having children during the teenage years can be a positive experience, younger parents often face a range of challenges. They are often from deprived backgrounds; they can experience a range of mental health problems and a lack of social support; they often lack knowledge about child development and effective parenting skills, and they have developmental needs of their own. Possibly for these reasons, the children of teenage parents often have poor outcomes.⁵²

Substance-misusing parents

Living with parental substance misuse (whether related to alcohol or drugs) is associated with higher levels of violence, experiencing or witnessing neglect or abuse (physical, verbal or sexual), poor and/or neglectful parenting, inconsistency from one or both parents, having to adopt responsible or parenting roles at an early age, feeling negative emotions (such as shame, guilt, fear, anger and embarrassment) and possible neurodevelopmental consequences of substance misuse in pregnancy (e.g. foetal alcohol syndrome) which may contribute to developmental delays or intellectual disability.⁵³ This can lead to children who exhibit higher levels of behavioural disturbance; antisocial behaviour (conduct disorders); unsafe sex and unplanned and/or early pregnancy; emotional difficulties; behavioural problems and under-achievement at school; social isolation; and a more difficult transition from childhood to adolescence. There is mixed evidence as to whether this leads to an increased chance of substance misuse in adulthood.

How does the parenting role differ as children get older?

The parenting role changes over time, with substantial changes from infancy to late adolescence, many of which are allied closely with physical and emotional changes in children as they get older.⁵⁴ Most children and young people are part of happy and healthy families. Although poor parenting practices can potentially have a detrimental effect on children of all ages, children are most vulnerable when their brains are being formed before birth and during the first two years of life. This is the stage when the part of the brain governing emotional development is forming. The antenatal period is as important as infancy to the health and well-being of a child because maternal behaviour has such strong impacts on the developing foetus.⁵⁵ The parent-child relationship changes when young children begin to negotiate with their parents and show a capacity to understand and empathise.

While the first three years are crucially important, the impact of poor quality parenting is also potentially damaging at all stages of childhood, including the teenage years. Parent-child relationships are reorganised around puberty when young people move towards greater autonomy.⁵⁶ By adolescence, the negative effects of parenting are associated with poorer physical

⁵¹ Miller et al, 2011; Scott et al, 2006

⁵² Barlow et al, 2011

⁵³ Velleman and Templeton, 2007

⁵⁴ O'Connor and Scott, 2007

⁵⁵ Allen, 2011

⁵⁶ O'Connor and Scott, 2007

and mental health, risky health behaviours, risks to safety (including running away, poorer conduct and achievement at school) and negative behaviours, such as offending and antisocial behaviour.⁵⁷

What do we currently know about parents in Ireland and the UK?

Currently, longitudinal cohort studies are under way in Ireland and the UK examining the lives of children, parents and families over time. These studies provide insights into what it is like for children and families growing up today, their strengths and some of the challenges they are facing. A brief outline is provided in Box 1 of the findings from the *Growing Up in Ireland* study, focusing on the parenting processes and their impact on children's social and emotional outcomes.⁵⁸ Key statistics on children and families in Ireland are given in Box 2. Some of the findings from the Millennium Cohort Study in the UK (which includes a Northern Ireland sample) relating to parenting are provided in Box 3.

Box 1: How parenting matters for social and emotional outcomes of children in Ireland (*Growing Up in Ireland*, Nixon, 2012; Williams et al, 2013; Nixon et al, 2013)

Key findings for toddlers

These findings are based on data collected from 9,793 children aged nine months, three years and five years of age respectively, as well their parents and teachers. Findings indicated that:

- Having a more sensitive parent was associated with a higher score on a measure of child development.
- Parenting styles that were low in warmth and consistency, or high in hostility, were associated with more behaviour problems in children.
- Infant temperament at nine months was associated with parent-reported problematic behaviours when the child was aged three years.
- A difficult infant temperament at nine months was associated with parental stress when the child was aged nine months and also when the child was aged three years.
- Increases in parental stress between interviews were associated with an increased likelihood of behavioural problems.
- Five-year-olds who seemed to be progressing well in their development of social skills, including assertiveness, empathy, responsibility and self-control, were the least likely to have a problem with conflict in their relationships with their parents.
- Economic strain in the household was associated with a greater risk of higher levels of conflict between five-year-olds and their parents.

Key findings for children

These findings are based on data collected from 8,568 children aged nine years, as well as their parents and teachers

- Parenting styles, particularly authoritarian and neglectful styles, were associated with social and emotional difficulties in children.
- High levels of mother-child and father-child conflict were associated with social and emotional difficulty.
- Maternal depression impacts on the mother-child relationship and is associated with

⁵⁷ Rees et al, 2011; Barlow and Schrader McMillan, 2010

⁵⁸ Nixon, 2012

increased conflict with children.

- The mother's marital satisfaction was associated with more mothers presenting with difficulties with their children; marital satisfaction also impacted on the mother-child relationship.
- Children living in one-parent households displayed more difficulties than those in two-parent households.
- At age 13, more children said they spent time talking to their mother (70%) than to their father (60%).
- At age 13, a higher percentage of children spent time doing fun things with their father (72%) than with their mother (63%).

Box 2: Key statistics on children and families in Ireland

1. In 2011, the number of children aged 0–6 in Ireland was 486,242, which represented 11% of the population. This represents a 16% increase in this population group since 2006 (CSO, 2012).
2. Seventeen per cent of children aged 0–4 and 18% of children aged 5–9 live in lone-parent families (OMCYA, 2010).
3. Almost one in five children aged 0–17 (18.6%) were at risk of poverty in 2014 and 11.2% were in consistent poverty (CSO, SILC 2014).⁵⁹
4. In the *Growing Up in Ireland* (GUI) study, 57% of mothers of infants aged nine months and 91% of fathers were employed outside the home. The proportion of parents working outside the home has reduced over time. At three years of age, 53% of mothers were working outside the home and there was an increase in unemployment among fathers from 6% to 14% (GUI, 2011).
5. Thirty-eight per cent of infants aged nine months in the GUI study were in some form of regular non-parental childcare; this figure rose to 50% at three years of age (GUI, 2011).
6. Ireland now has a significant range of ethnicities among its early years population and their parents. 4,676 of 0–4-year-olds (2%) are Irish Travellers according to the 2011 Census; 28,303 (10%) are from 'any other White background'; 9,439 (3%) are 'Black or Black Irish'; 9,960 (3%) are 'Asian or Asian Irish'; and 5,710 (2%) are 'Other including mixed background' (CSO, 2012). In the GUI infant cohort, 81% of mothers and 82% of fathers were citizens of Ireland (GUI, 2011).

Box 3: Parent relationships and child well-being findings from the UK Millennium Cohort Study (Centre for Longitudinal Studies, 2010)

This briefing is based on data collected from an ongoing UK nationwide cohort study of almost 15,500 children aged from nine months upwards. The data collection for 12-year-olds took place in 2012.

⁵⁹ <http://www.cso.ie/en/statistics/socialconditions/atriskofpovertyratebydemographiccharacteristicsandyear/>

Key findings

- The 'traditional' family, headed by married parents, has become less common in the UK in recent decades. Rising rates of lone motherhood, cohabitation and parental separation have resulted in more diverse and transient family groupings, which can create or exacerbate inequalities in early childhood.
- Forty-one per cent of Millennium Cohort children were born to unmarried parents, 25% to cohabiting parents and 16% to lone mothers.
- Seventy-five per cent were still living with both natural parents at age five years.
- Eighty-eight per cent of married parents were still living together when their child was aged five years.
- Sixty-seven per cent of parents cohabiting at the child's birth were still living together five years later.
- At age five years, 30% of the Millennium Cohort children were estimated to be in income poverty. Those who had lived with both natural parents (either continuously married or initially cohabiting but then married) were far less likely to be in poverty than other children. Lone motherhood raised the chances of being in poverty.
- One in seven mothers (14%) was showing high levels of psychological distress.
- Children in stable married families had fewer externalising problems at age five years than virtually all other family histories. However, there were no significant differences between children in different family groups after taking into account family income level and whether the mother had depressive symptoms.
- Mothers living with the cohort child's father tend to have better mental health than those living with another partner.
- Lone mothers are the most likely to have poor mental health, which is associated with less engaged parenting. This, in turn, can affect their children's psychological/emotional well-being.
- Children from cohabiting families that had broken down had relatively high levels of behaviour problems; this was also the case for children born to solo mothers who subsequently cohabited with the birth father or repartnered. This may be due to the stress that arises as families adjust to new relationships.

Evidence-based strategies to support parenting

Many believe that the most effective way to deal with chronic long-term disadvantage and the intergenerational cycles of social problems is through early childhood intervention and, in particular, policies and programmes aimed at supporting the family in early childhood development.⁶⁰ There is emerging consensus from research conducted in recent decades that:

- Supporting parents to develop positive parenting skills promotes healthy child adjustment and reduces the effects of risk factors, such as genetic susceptibility and social disadvantage.⁶¹
- Parenting programmes have been shown to have an impact on children's emotional reactions and ability to cope, and to reduce the likelihood of the early occurrence of child behavioural and emotional problems.⁶²

⁶⁰ Munro, 2011; Allen, 2010

⁶¹ Shaw and Winslow, 1997

⁶² Barlow et al, 2012

- Behavioural parent training is effective in reducing childhood behaviour problems and can lead to an improvement of between 60% and 70% in children.⁶³
- 'Authoritative parenting', characterised by the use of warm, firm control and rational discipline, has been shown to be particularly effective with adolescents.⁶⁴

Research on parenting interventions that ask 'Does it work?' is increasingly common, but some studies now go further by asking important questions such as 'For whom does the intervention work?' and 'By what mechanisms?'. Interest in this latter question follows directly from the consistent observation that, even for the most 'evidence-based' interventions, there is wide variation in responses among those who participate.⁶⁵ This is particularly true of parenting interventions and there is great diversity in approaches for different needs in different client groups.

Approaches to supporting parents to improve outcomes for children tend to be based on assessed need, using a tiered approach and according to frameworks such as the Hardiker Model referred to above, with services at universal level that are provided to all children and families, as well as services to families with additional needs up to and including more intensive and specialist intervention with children and parents experiencing multiple difficulties. These evidence-based and evidence-informed approaches to parenting range from population health approaches, which are universal and target the entire population and specific children and parents within that population, to individual home visiting programmes, which tend to target young mothers, parents with young children and those identified to be 'at risk'. Group-based parenting programmes can be offered to parents at universal services level and also provided to parents experiencing particular difficulties as parents themselves (e.g. substance abuse, mental illness) or with their children (e.g. emotional and behavioural difficulties). Intensive individual approaches have also been developed in order to support parents deemed hard-to-reach or who are less likely to benefit from participating in a group.

Such services and interventions are often provided using a variety of methods, by different practice professionals, at varying levels of formality, and they can take place in a variety of settings, including community-based clinics or family centres, schools and in the family home.

Some services and interventions are directed solely at addressing the parenting process and the parent-child relationship, developing techniques and approaches for bringing up children (particularly parenting programmes). Other initiatives indirectly support parenting by providing parents with skills to promote and foster child development and well-being in specific areas, such as literacy or transition to secondary school. Supporting parents is as important in the early developmental years as it is in early adulthood, hence the need to intervene in a timely and effective manner at each developmental stage from antenatal to early years, toddlers and pre-school children (aged 0–5), to the middle years, primary school, pre-pubescent children (aged 6–11) and finally to adolescence and young people in early adulthood (aged 12 onwards).

Parent support can be offered at a range of levels, from family information and advice services to parenting programmes or family intervention projects. Some of the key characteristics and impacts of these approaches are described below.

⁶³ Behan and Carr, 2000; Brestan and Eyberg, 1998; Coren et al, 2002; Kazdin, 2007; Nock, 2003

⁶⁴ Chu, 2012; Maccoby and Martin, 1983

⁶⁵ O'Connor and Scott, 2007

Population approaches

Taking a population approach to supporting parents involves making specific information or support available to parents within a geographical area. These may include legislative changes (such as the physical chastisement ban in Sweden),⁶⁶ mass media public education programmes and universally accessible parenting programmes (such as Triple P).⁶⁷ One example of a population approach to supporting parents in Northern Ireland is Sure Start which offers an *area-based* service, with *all* children aged four or less and their families living in a prescribed area serving as the “targets” of intervention (described in the Appendix).

The advantages of a population-based approach to parenting may be that:

- It can reach parents who may not currently receive or participate in services.
- It is a non-stigmatising way to provide help.
- It may be more likely to reach families early and prevent escalation of problems and parenting stress associated with these.
- It may increase the likelihood of reaching those children whose needs or developing problems tend to pass unnoticed.
- It may lead to advantages in quality of service provision of an evidence-based approach.

Given the diversity of parents within a population, understanding their needs and barriers to engagement is seen as key to the success of any population-based approach to supporting parenting.⁶⁸ Process issues are important, including:

- Building relationships with client groups and getting their input into the relevance and acceptability of interventions
- Understanding what the enablers and barriers are for getting parents to engage and what influences whether they complete a programme or drop out of it
- Engagement of stakeholders, including service deliverers
- Consideration of organisational factors and recruitment of practitioners
- Use of media and communications strategies.

Individual and group parenting programmes

Standard parenting programmes are often focused on short-term interventions aimed at helping parents improve their functioning as a parent and their relationship with their child, and at preventing or treating a range of child emotional and behavioural problems by increasing their knowledge, skills and understanding. Parenting programmes can be delivered individually or in groups. They may involve the use of a manualised and standardised programme or curriculum, and can be underpinned by a number of theoretical approaches, including behavioural family systems therapy and Adlerian and psychodynamic therapy.⁶⁹ They can involve the use of a range of techniques in their delivery, including discussion, role play, watching video vignettes and homework. They can be delivered in a range of settings, including hospital/social work clinics and community-based settings (e.g. GP surgeries, schools and churches).

Group-based parenting programmes

⁶⁶ Durrant, 1999

⁶⁷ Prinz et al, 2009

⁶⁸ Prinz and Sanders, 2007; Sanders and Kirby, 2012

⁶⁹ Barlow et al, 2012

Providing support to parents is recognised as a significant factor in improving children's lives and there is a growing emphasis on structured parenting programmes, often delivered in a group format, that aim to improve parenting and family relationships by providing advice, support and sometimes an opportunity to develop/practise skills. When compared to working with individuals, working with groups of parents together offers advantages in being able to reach a larger number of parents during a session; in addition, the interaction between the parents who attend is also seen to be advantageous. It is important to locate these services where the target parents are most likely to use them, and good facilitation is necessary in order to ensure that parents engage in the group and do not feel judged or excluded.

Gaining new skills and understanding, together with peer support from other parents in the group, are thought to lead to parents feeling more in control and better able to cope. Parents feel less guilty and socially isolated, and show increased empathy with their children and greater confidence in dealing with their behaviour.⁷⁰

Structured parenting programmes delivered in group settings have been shown to:

- Reduce parental anxiety, stress and depression, and improve parenting skills in the short term, as maternal mental health has been shown to affect the parent-child relationship, which in turn can have both short- and long-term consequences for the psychological health of the child. Any programme that improves the mental health of parents may also improve child outcomes.⁷¹
- Improve relationships with spouse, but have little effect on maternal social support⁷²
- Be about twice as effective as individual therapy in reducing child behaviour problems⁷³
- Improve behaviour outcomes for children under the age of three⁷⁴
- Be successful in improving behavioural problems in 3–10-year-old children.⁷⁵ From the 16 programmes under review, Barlow and Stewart Brown (2000) found that the programmes were effective in creating positive changes in both parental perceptions and objective measures of children's behaviour, and these changes were maintained over time.
- Achieve good results at a cost of approximately \$2,500 (£1,712 or €2,217) per family.⁷⁶ These costs are modest when compared with the long-term social, educational and legal costs associated with childhood conduct problems, although the long-term effects of the programmes are not well understood.
- Show positive outcomes for up to four years post-intervention. There is a lack of studies examining the longer-term effectiveness of these programmes; however, the few studies conducted in this area have reported ambiguous findings.⁷⁷

Many large-scale international group parenting programmes have evolved, including the Incredible Years Programme⁷⁸ and the Triple P Positive Parenting Program.⁷⁹

⁷⁰ Kane, 2007

⁷¹ Furlong et al, 2012; Barlow and Parsons, 2003; Gross et al, 2003

⁷² Barlow et al, 2006

⁷³ McCart et al, 2006

⁷⁴ Barlow and Parsons, 2003; Gross *et al*, 1995

⁷⁵ Barlow and Stewart Brown, 2000

⁷⁶ Furlong et al, 2012

⁷⁷ Spoth et al, 1999 and 2000; Gross et al, 2003

⁷⁸ Webster-Stratton, 1979

⁷⁹ Sanders, 1998

A particularly useful location for group parenting programmes may be the school or pre-school setting. This is often seen as a useful way to engage families at risk from multiple disadvantage and to reach more children in need⁸⁰ and also reach a more diverse range of families.⁸¹ (In the Irish context, CDI's programmes of Doodle Den, Early Years and Mate-Tricks are delivered in both school and pre-school settings.) Such settings lend themselves particularly to parenting support that has an educational element and that also aims to strengthen the link between home and school because it is seen as a legitimate location and may be non-stigmatising. Consistency between the home and pre-school setting is extremely important, in order to provide a lasting change in children's behaviour as a result of a parenting intervention.⁸²

Individual parenting support

Parenting programmes delivered on an individual basis can lead to a reduction in children's behaviour problems and parental stress/mental health difficulties.⁸³ These can be delivered in clinic settings or in the home, and may offer a useful way to reach families who need intensive support.

Increasingly, home visiting is being employed as an approach in preventive interventions designed to intervene with families with young children, with support often starting at the antenatal stage and continuing for several years postnatally. In general, the goals of home visiting programmes are to provide parents with information, emotional support, access to other community services and direct instruction on parenting practices.⁸⁴ They may include the provision of a standardised parenting programme that follows a specific curriculum or they may be based on a broader support approach tailored to each individual's needs and circumstances. Home-based child development programmes may directly target parents' knowledge and skills, seeking to enhance their ability to facilitate and encourage their child's development and to provide enriched learning opportunities.⁸⁵ The Family Visitor is the primary mechanism through which the programme is delivered to the parent and is an important element of programme delivery. Changes in parental attitudes and behaviour lead to changes in child outcomes.

Home visiting programmes, expanded and sustained health visiting services, and universal healthcare programmes for expectant mothers all have the potential to improve parents' ability to parent and promote positive parenting behaviours.⁸⁶ Many home visiting programmes target their service to socioeconomically deprived, first-time, teenage parents. Such programmes allow service providers to more easily engage with hard-to-reach populations, thus removing challenges that might deter families from participating in centre-based forms of intervention.⁸⁷

Reviews of home visiting programmes have concluded that:⁸⁸

- Early childhood home visiting schemes can be effective in improving overall physical health, behavioural problems, cognitive development, social skills, mental/emotional health, parenting skills, parent-child relationship, child maltreatment, substance use and reproductive

⁸⁰ Webster-Stratton and Reid, 2010

⁸¹ Cunningham et al, 1995

⁸² Webster-Stratton and Reid, 2010

⁸³ Gould and Richardson, 2006; Barlow et al, 2006; Sanders, 2010; Webster-Stratton and Hammond, 1997; Griffin et al, 2010; 2005

⁸⁴ Howard and Brooks-Gunn, 2009

⁸⁵ Miller et al, 2011

⁸⁶ Davies and Ward, 2012, Olds, 2002 and 1998

⁸⁷ Astuto and Allen, 2009; Sweet and Appelbaum, 2004

⁸⁸ Gomby, 2007; Kahn and Moore, 2010

health. They may be particularly useful for influencing and improving the home learning environment, which is positively associated with social, behavioural and cognitive development in children.⁸⁹

- Some of these improvements have been found to last into the adolescent years.
- Home visiting programmes can be especially beneficial for families where either the need or the perceived need is greatest. Some studies suggest that the mothers categorised as high risk (e.g. low-income mothers, teen mothers, those with low IQ or those with mental health problems) may benefit most.
- Home visiting schemes can demonstrate long-term cost-effectiveness.

There is great variety in what a home visiting scheme involves, how it is delivered and who provides the service. Home visiting is a general service strategy, not a specific intervention, and the following factors have been shown to influence the impact of the approach:

- Contextual factors may impact results, such as programme content, internal family factors and external factors in the community environment.⁹⁰
- When compared with programmes that offer home visit services alone, programmes that offer home visiting in conjunction with centre-based programmes produce the largest and the most long-lasting results. In particular, centre-based programmes with a parenting training component have been found to improve child vocabulary, reading and mathematical skills, as well as overall IQ.
- Effective programmes include high-intensity early childhood interventions that last for more than a year, with an average of four or more home visits per month, and programmes that utilise therapists/social workers to teach parenting skills.
- Parenting programmes that involve both parents and pre-school staff are more successful in addressing behavioural problems than programmes that involve only parents.
- Mixed findings have been reported on programmes that utilise trained non-professionals as home visitors, those that targeted teen mothers, those that started before birth and those that provided a combination of parenting support and referrals to other services.⁹¹

Whole family support

Most of the programmes or interventions identified above are either universal or targeted at particular populations, for example, young mothers, parents of young children, children presenting with emotional and behavioural difficulties. However, children growing up in families affected by parental substance abuse, inter-familial conflict and mental illness will require more focused intervention, which seeks to address both individual and family issues. Programmes designed to address adults' own experiences of poor parenting and/or the psychological consequences of abuse can make a valuable contribution. Parent-child interaction therapy and the Enhanced Triple P Positive Parenting Program⁹² now include additional sessions on stress management and parental support. The Enhanced Triple Positive Parenting Program has been rigorously evaluated. Its core elements can be complemented by an enhanced programme that includes elements designed to reduce anger and misattribution in parents reported for (or at self-reported risk of) emotionally abusing their children. Training in communication and problem-solving has been found to help families deal with conflict and enhance social functioning.

⁸⁹ Melhuish, 2010; Melhuish et al, 2001; Tizard and Hughes, 2002; Desforges and Abouchaar, 2003; Sylva et al, 2004a

⁹⁰ Gomby, 2007

⁹¹ Kahn and Moore, 2010

⁹² Brinkmeyer and Eyberg, 2003; Sanders et al, 2004

The most effective programmes for addressing problems such as delinquency and substance abuse in adolescence aim to strengthen family relationships and improve parenting skills. Family-focused interventions concentrate on the interaction between all family members as well as the mental health of the individual. Evidence-based programmes specifically designed to address this include Multi-systemic therapy and Functional Family Therapy.⁹³

Engaging families with the support most likely to work for them

Permeating the research literature is the acknowledged difficulty of intervening effectively and achieving good outcomes for families who are the most marginalised and disadvantaged, and engaging them in services.⁹⁴

Recruitment to, and the engagement of families in, parenting programmes or services is a key component of producing improved outcomes for their children. Figures for dropping out of child and family support services range from 20% to 50%.⁹⁵ Despite extensive efforts and a clear strengths-based approach to service delivery, the majority of families reached by prevention programmes are likely to drop out before reaching their service goals or achieving the service levels articulated in a particular programme's model.

Parenting programmes, particularly those aimed at families presenting with multiple difficulties, tend to report relatively low participation and high dropout rates.⁹⁶ Research where attrition data were collected has found that as many as half of all parents referred to behavioural parent training programmes may drop out prematurely. Socially isolated parents with mental health problems and high levels of poverty-related stress tend to benefit least from parent training. These parents may require longer-term, multidimensional and coordinated intervention involving a combination of concrete and therapeutic services that target particular issues in the family and include direct work with both children and parents. For many families, life circumstances dictate the use of multiple services, whether voluntarily sought out or recommended by others, and in many cases where child health and education, mental health or substance abuse difficulties are experienced, parents are often referred simultaneously to a number of different service providers, where weekly attendance is required. Without appropriate sequencing of service referrals, parents may well become overwhelmed by the demands and expectations placed on them, resulting in disengagement from any or all of the multiple services on offer. Whatever the approach, an empowering and empathic relationship must exist between the worker and the parent.

Even in the use of programmes whose effectiveness has been robustly evaluated, it has been reported that up to two-fifths of parents will continue to experience problems with their children.⁹⁷

Research shows that high attrition and low attendance and participation in services can lead to poor outcomes for children, with children who do not receive any form of intervention or service when identified as in need being more likely to engage in delinquent activities later in life (including

⁹³ Swenson et al, 2010; Functional Family Therapy is one of the programmes of the Prevention and Early Intervention Programme and has been delivered to over 100 families in an area of disadvantage in Dublin; Alexander and Parsons, 1982; Sexton, 2011

⁹⁴ Tanner and Turney, 2006; Smith, 2006; Stevenson, 2007 and 1998

⁹⁵ Staudt, 2003 and 2007; McKay et al, 1996; Kazdin and Mazurick, 1994; Daro and Harding, 1999; Daro and Donnelly, 2002

⁹⁶ Spencer, 2003; Reyno and McGrath, 2006; Thoburn et al, 2000; Staudt, 2007 and 2003

⁹⁷ Assemany and McIntosh, 2002

involvement in violent crime, school dropout, drug and alcohol abuse, and unemployment); these children are also more likely to have mental health problems.⁹⁸

Parents who voluntarily engage with support services tend to make more progress, whereas a more coercive approach by service providers can affect the relationship and block progress.⁹⁹ It is important that programmes and services aimed at parents develop strategies to increase the likelihood that parents will attend services, for example, by conducting outreach visits, making convenient and flexible appointments and session times, and providing transport assistance or other facilities to reduce potential barriers to engagement, such as crèche facilities.

Summary

This overview of international and national evidence on the effectiveness of intervention to support parents and improve outcomes for their children has sought to outline the key messages emanating from research and evaluation over the past few decades. Difficulties encountered in engaging with families were highlighted, particularly where disadvantage and entrenched and intergenerational problems are exacerbating already existing struggles in parenting. In addition, the overview described and provided evidence for different approaches to supporting parents and children, which are both universal and targeted, aim to improve and promote developmental outcomes for children across a continuum of ages, can be provided in a variety of settings using a range of innovative techniques, and have distinctive outcome domains as their primary focus. The programmes and interventions described included population approaches, home visiting and home learning services, group-based programmes for parents of children of different ages, and highly specialised parenting programmes. Attention has been drawn to the breadth of effectiveness of rigorously evaluated evidence-based programmes and interventions, which are being used increasingly in both Ireland and Northern Ireland.

⁹⁸ Nock and Photos, 2006; Fergusson and Lynskey, 1998

⁹⁹ Fauth et al, 2010; Staudt, 2007

Section 3: The programmes in the Prevention and Early Intervention Initiative

In this section, a summary table is provided relating to each of the 15 programmes that have been evaluated as part of the Prevention and Early Intervention Initiative, combined with a summary of the main evaluation findings and any conclusions that can be drawn from these.

Prior to implementation, and in many instances a number of years before a child or family received a service, organisations engaged in a lengthy process involving the conducting of epidemiological studies, comprehensive needs analyses, literature and evidence reviews, preparation of logic models and programme exploration. All of the organisations engaged in extensive consultations with key stakeholders in the community.

Three of the organisations selected evidence-based programmes (Triple P, Functional Family Therapy and Incredible Years), which they replicated with fidelity with only minor adaptations, primarily related to cultural context. The Ready Steady Grow strategy centres on The Parent-Child Psychological Support Programme (PCPS), an adaptation of a programme originally developed in Spain. Ready Steady Grow (RSG) began delivering PCPS in partnership with the HSE and the service was integrated into the mainstream delivery of child development clinics by public health nurses (PHNs) and speech and language therapists (SLTs) in Ballymun in December 2009. The Odyssey – Parenting Your Teen (formerly Parenting UR Teen) Programme is an original programme developed by Parenting NI following identification of an existing gap in programme provision for parents of adolescents, and is underpinned by an authoritative parenting style. Preparing for Life is also a new programme, which has drawn on the principles and theoretical components of other evidence-based home visiting programmes. The Doodle Den Literacy Programme, CDI Early Years, Mate-Tricks, Eager and Able to Learn and Media Initiative for Children: Respecting Difference have all been developed in both jurisdictions to address specific issues in children's lives.

Measuring outcomes

When evaluating the impact of particular interventions on child outcomes some research methods and study designs provide better evidence than others. The randomised controlled trial (RCT) design is generally considered to provide the most valid and reliable evidence. This is because the design of an RCT minimises the risk of variables other than the intervention influencing the results. In an RCT, one group of children or parents is randomly allocated to participate in the programme and another is allocated to act as a control (often a 'waiting list control', who receive the service later once comparisons with the original participants have been made). The findings generated by RCT studies are seen as better reflecting the effect of the intervention than the findings generated by other research designs.

It should be noted that RCT designs are not appropriate for all research questions. They may not be practical to implement (for example, a lack of appropriate measures) or there may ethical issues (for example, denying children a service that they may need in order to have a control group). When it is not practical or appropriate to use an RCT, researchers may use other designs to estimate the impact of an intervention, including for example, quasi-experimental designs or retrospective designs. In a quasi-experimental design participants in this type of study are typically not randomly allocated to either the intervention or control group. Instead, the researcher usually decides which participants receive the intervention and which do not. In a retrospective study, the intervention under investigation has already occurred. Researchers do not follow participants over time; rather,

they collect available relevant data (through archival data and/or interviews with participants) and they estimate the impact of the intervention after the fact. Depending on the data available, it may be possible to compare a control group to an intervention group.

Even when evidence is available from high-quality RCTs, evidence from other study types can still be relevant. For example, while RCTs can tell us something about *whether* an intervention worked to improve outcomes among children, they cannot tell us *how* or *why* it worked. Other research methods and designs, including qualitative research, may be better placed to answer such questions. Qualitative research encompasses a range of methods and designs typically focused on perceptions and meanings. Typical qualitative research methods include the use of focus groups, individual interviews, and observations. Many of the RCTs conducted as part of the Initiative also included primarily qualitative process evaluations to provide additional information on implementation of the programme and how it was experienced by staff and services users alike.

The costs reported for delivering the programme and cost-benefit information is given where available. It is important to note that these costs have not all been calculated in the same way, and therefore making comparisons across the costs for the different programmes is difficult.

The programmes to be discussed are both targeted and universal. The main findings from the programmes are summarised in Table 2 and described in more detail below.

Table 1 Overview of programmes in the report

Organisation	Service/ Programme	Target group(s)	Duration/ intensity	Description
Midlands Area Parenting Partnership (MAPP) – formerly Longford Westmeath Parenting Partnership	MAPP Triple P Positive Parenting Programme (Levels 1–4)	All parents in Longford and Westmeath with children aged 18 months to seven years	Level 1: media and communications strategy. Level 2: 1.5-hour seminars with three topics. Level 3: two-hour workshops with four topics. Level 4: eight weeks with five two-hour group sessions and three 30-minute tailored phone call support	A multilevel parenting programme implemented through a partnership approach. Designed to achieve a ripple effect of evidence-based parenting practices across a community, resulting in reduced prevalence of childhood emotional and behavioural problems, reduced level of parental stress, anxiety and depression and increased numbers of parents being confident and competent when dealing with their parenting concerns.
Archways	Functional Family Therapy	Young people aged 11–18 referred to the programme	A short-term, intensive therapy of 16–22 sessions, with up to 26–30 sessions for more complex issues.	A family-based therapy programme which treats young people and their families who are dealing with relationship issues, emotional and behavioural problems, conduct disorder, substance misuse and delinquency. Functional Family Therapy (FFT) has three phases. The first phase is designed to motivate the family towards change; the second phase teaches the family how to change a specific critical problem identified in the first phase; the final phase helps the family to generalise their problem-solving skills.

Organisation	Service/ Programme	Target group(s)	Duration/ intensity	Description
	Incredible Years Parent Training Programme	Parents of children aged 3–7 years	Two to 2.5 hours per week for 12–14 weeks	Trains parents to support their children's social and emotional development.
	Incredible Years Teacher Classroom Management	Teachers of children aged 4–7 years	One day per month for five months	Trains and supports teachers in classroom management techniques.
	Incredible Years. Parent and child training for children with ADHD	Children with ADHD aged 3–7 years and their parents	Incredible Years Basic Parenting programme: 20 weekly two-hour sessions Incredible Years Dina Programme: 18 weekly two-hour sessions	Incredible Years Basic Parenting (IYBP) programme: Trains parents to support their children's social and emotional development. Incredible Years (IY) Dina programme: Focuses on building friendship skills; teaching problem-solving strategies; enhancing emotional literacy and anger management; and enhancing school performance. Parents receive weekly letters and phone calls. Programme delivery is tailored to the specific needs of children with ADHD symptoms.
Northside Partnership	Preparing For Life	Families of children aged 0–5 years	Between one and two home visits per month and a range of other supports for five years	An intensive home-based early intervention/prevention programme designed to support families from pregnancy until their child starts school.
Parenting NI	Odyssey – Parenting Your Teen (formerly Parenting UR Teen)	Parents of young people aged 11–18 years	Two hours per week for eight weeks	A group training programme for parents of teenagers. The overall aim is to improve family functioning. Parents refer themselves to the service.
Childhood Development Initiative (CDI)	Doodle Den	Children aged 5–6 years	1.5 hours per week for 36 weeks and three family and six parent sessions	Doodle Den is an in school and after school literacy programme, including child, parent and family components. It aims to improve literacy, school attendance, parent involvement in and out of school time, and improve child relationships with their parents and peers.
	CDI Early Years	Children aged two and a half to three years	Pre-school and other types of support for two years	An early care and education programme designed to support all aspects of children's development, including their social and emotional learning.
	Mate-Tricks	Children aged 9–10 years	1.5 hours twice a week for one year plus six parent sessions and three family sessions	An after school mentoring programme focused on supporting prosocial behaviour, reducing antisocial behaviour and developing confidence. Delivered in youth settings or school.
Early Years	Eager and Able to Learn	Children aged 2–3 years	Delivered over 8–9 months to children and three home visits to parents	A comprehensive centre-based and home-based early care and education programme. It aims to motivate children to learn; to socially and emotionally be able to enter relationships with adults and other children so that learning can be promoted; and cognitively to ensure children are able to take advantage of learning opportunities.

Organisation	Service/ Programme	Target group(s)	Duration/ intensity	Description
	Media Initiative for Children: Respecting Difference	Children aged 3–5 years, their parents and teachers	One academic year and five one-minute media messages for three weeks, three times a year	This programmes uses a combination of cartoon media messages around diversity with an early years programme. It aims to promote positive attitudes to physical, social and cultural differences among young children, practitioners and parents. The messages also address bullying behaviours.
Lifestart	Lifestart Growing Child Parenting Programme	Parents of children aged 0–5 years	Monthly home visits of between 30 and 60 minutes for five years	To help parents to support their child's physical, intellectual, emotional and social development and to promote school readiness.
Barnardo's Northern Ireland	Ready to Learn	Children aged 4–8 years	Three one-hour weekly sessions delivered after school over three academic years	Universal, voluntary after school programme for children at primary school level which also works with parents. It aims to enhance children's literacy skills, and as a secondary outcome; children's social, emotional and behavioural regulation skills.
youngballymun	Ready Steady Grow	Children aged 0–3 years and their parents	Seven sessions over the first 18 months ranging between 30 minutes and 60 minutes	Ready Steady Grow focuses on building parental capacity through the Parent Child Psychological Support Programme, a universal centre-based intervention delivered in collaboration with the HSE, for parents and their infants up to the age of 18 months. Additional visits can be scheduled depending on need. A range of other referral services is also offered.
	Suite of Incredible Years programmes	Children aged 3–12 years, their parents and teachers	A 12-week programme delivered in a group format, by two trained facilitators	The Incredible Years (school-age) BASIC Parenting Programme aims to improve skills and parenting strategies by focusing on the importance of promoting positive behaviours, interpersonal issues such as building social skills, and effective praise.

Triple P Positive Parenting Programme (Longford Westmeath Parenting Partnership)

The Longford Westmeath Parenting Partnership (LWPP) comprised nine organisations, statutory, voluntary and community, responsible for the implementation and delivery of the Triple P Positive parenting programme in counties Longford and Westmeath in Ireland. The organisations included Athlone Community Services Council; Athlone and Carrick-on-Shannon Education Centres; the Health Service Executive; Longford Community Resources Limited; Longford Vocational Educational Committee; Longford and Westmeath County Childcare Committees; Tusla and Westmeath Community Development. The LWPP expanded into the Midlands Area Parenting Partnership in 2013, covering Longford, Westmeath Laois and Offaly, with the additional partner organisations – Laois Offaly Parents First, Arden View Family Resource Centre, Laois Offaly Education Training Board, Laois Partnership Company, Offaly Local Development Company, and Foróige. The partnership was formed around the idea that too many families were experiencing preventable difficulties and that a coordinated evidence-based approach was needed in order to tackle this. The overarching goal was to positively impact on parenting practices at a societal level and at a family level through a coordinated partnership approach.

The programme

The Triple P Positive Parenting Programme (Triple P) is a population-based approach built on rigorous and extensive evaluation of each of the individual levels.¹⁰⁰ Developed by Matt Sanders in Queensland Australia, this is a multilevel parenting and family support strategy that intervenes at the prevention, early intervention and clinical intervention levels for behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of their parents. The programme is based on a 'positive parenting' approach, which aims to promote children's development and manage children's behaviour through self-regulation. There are five possible levels of intervention:

- *Level 1 – Universal Triple P* involves a social marketing campaign to promote positive parenting and increase receptivity to parenting programmes.
- *Level 2 – Seminar Triple P* is a series of three 90-minute open seminar presentations promoted among the whole community.
- *Level 3 – Discussion groups Triple P* comprises a choice of four two-hour standalone workshops, offered as a deeper engagement and including practice skills.
- *Level 4 – Group Triple P* is an eight-week programme, including five two-hour group meetings and three tailored telephone support calls.
- *Level 5 – Enhanced Triple P* is offered to vulnerable families whose parenting is complicated by factors such as partner conflict, stress or mental health issues

Evaluation

The evaluation of the Longford Westmeath trial was conducted by the National University of Ireland, Galway between February 2010 and June 2013,¹⁰¹ and comprised the following four components:

- The **Population Study**, using a quasi-experimental (non-randomised between-groups) design, with treatment and comparison counties, and analysing the impact of Triple P at population level
- The **Parenting Study**, using a quasi-experimental (pre-test – post-test within-groups) design and evaluating child and parent outcomes associated with participation in Triple P workshops and groups. Follow-up data were collected from a subsample of participants
- The **Partnership Study**, using qualitative and quantitative data to explore the success of the partners in establishing the partnership and supporting delivery of the programme, as well as the learning gained from adopting a partnership approach.
- The **Implementation Study**, employing qualitative and quantitative data to analyse programme utilisation, organisation and fidelity.

Findings

Population Study

The Population Study identified a need for parenting support in the intervention area general population, with a wide distribution of problems across sociodemographic groups supporting the rationale for the population approach to parenting. The numbers of children with social emotional and behavioural problems were significantly reduced in the population as a whole.

¹⁰⁰ Prinz et al, 2009; Sanders, 2008; Chu, 2012

¹⁰¹ Fives, A., Pursell, L., Heary, C., Nic Gabhainn, S. and Canavan, J. (2014)

The prevalence of children with higher levels of need (SDQ borderline and clinical ranges, total difficulties scores) was significantly reduced (by approximately one third), whereas prevalence increased in the comparison area. In the intervention area, there was a significant decrease in reports of mild and higher levels of both parental distress, whereas comparison area scores were stable.

Partnership Study

Evaluation of the Longford Westmeath Parenting Partnership investigated the strengths and the challenges of a partnership approach and the learning achieved. The evaluation demonstrated an effectively functioning and committed partnership, which had embraced the evidence-based programme being implemented. Different levels of involvement from partner organisations were noted, with HSE and Tusla personnel most intensively involved in service delivery.

Implementation Study

The evaluation investigated the extent and nature of take-up of the programme, how well the programme was organised, and the extent to which the programme was implemented with fidelity. The findings show that the partners enjoyed considerable success implementing Triple P since programme implementation was well organised, parents were highly satisfied with programme delivery and content, and considerable progress was made towards reaching targets for programme delivery. Similar to other programmes, recruitment of parents remained a challenge and was continually under review.

Parenting programme study outcomes:

Parenting programme effectiveness is based on analysis of the findings from three individual levels – seminars, workshops and groups.

- *Seminars:* Seminars were primarily delivered through schools to parents of junior infants when starting school. Parents and school principals expressed a high level of satisfaction with the seminars. Attendance at seminars impacted significantly on parental help-seeking behaviour.
- *Workshops:* 'Workshop Triple P' refers to stand alone two-hour sessions. Data were collected from parents both at the start and at six weeks after the completion of their participation, and follow-up data were collected from subsamples after six months. Participants in the 'Dealing with Disobedience' workshops indicated that post-intervention there had been a reduction in the intensity of problems (61% dropped out of clinical range); in addition, parents were less likely to experience the behaviours as problematic (67% dropped out of clinical range). Parents had a more positive view of parenting, describing it as rewarding and fulfilling, and less stressful. When interviewed after the workshop, they reported feeling more supported in their role as a parent. Medium-term gains were also reported among the subsample who were followed up at six months, these gains included: maintenance of outcomes plus additional reductions in the intensity of disruptive behaviour; the number of problematic disruptive behaviours; and improvements in how supported they felt in their role as a parent.
- *Groups:* 'Group Triple P' refers to the eight-week programme. Data were collected from parents both at the start and at the completion of their participation, and follow-up data were collected from subsamples after 12 months. Findings from parents who

attended groups showed significant improvements in children's behaviour over time. Parents indicated that post-intervention there had been a reduction in the intensity of problems (80% dropped out of clinical range) and parents were less likely to experience the behaviours as problematic (73% dropped out of clinical range). Parents' style of discipline improved, with parents exhibiting less permissive, less over-reactive and reprimanding responses to their child's behaviour. Parents' self-efficacy improved, meaning that they were less anxious about their capacity and competence to parent effectively, and there was a reduction in feelings of depression, anxiety and stress after the intervention. Inter-parental conflict reduced and the quality of the relationship between parents improved (with a large effect size reported). Finally, there was a significant change in the number of children classified as having problems in the clinical category before and after their parents' participation in the Triple P Program.

- For the subsample of parents who were followed up at 12 months, improvements were found on all measures of child behaviour and parenting discipline, with gains found to be greater at 12 months than at the eight-week follow-up for the number of disruptive child behaviours that were problematic for parents.

Conclusions

The relevance of a population approach was supported by the prevalence of parenting-related problems that families experience across the different socio-demographics. The implementation of a population approach, using the evidence-based programme Triple P, showed positive effects with demonstrable improvements for both parents and children. The implementation process, applying a partnership approach, appeared to have worked effectively. Delivery of Triple P has now been expanded into counties Laois and Offaly, and the target is parents with children aged 18 months to 15 years.

Preparing for Life (Northside Partnership)

The Preparing for Life (PFL) home visiting programme is a prevention and early intervention programme that aims to improve levels of school readiness of young children living in several designated disadvantaged areas of North Dublin, by intervening early with pregnant mothers and continuing to work with families until their children start school. The programme, which was developed over a five-year period between 2003 and 2008 by a group involving 28 local agencies and community groups, is operated by the Northside Partnership. The programme is multidimensional, providing a range of quality supports to parents in order to equip them with the skills and knowledge to support their child's development.

The principal intervention is a home visiting mentor support service in which each family is assigned a mentor who visits the family home for between 30 minutes and two hours once every two weeks. The supports begin during pregnancy and continue until the child begins school. On average, families receive monthly home visits, which represent 50% of all prescribed visits. The home visits are designed to support parents with key parenting issues, using a set of 'tip sheets'. Mentors focus on five main areas of child development: pre-birth, nutrition, rest and routine, cognitive and social development, and the mother and her supports.

Two levels of the programme were evaluated in a randomised control trial between 2008 and 2015 – a high-treatment group who received the full Preparing for Life home visiting programme, baby

massage and the Triple P Positive Parenting Programme, and a low-treatment group who did not receive these supports. The progress of both groups was compared with a matched comparison group from a different community who received no intervention. Both the high-support and low-support groups received facilitated access to enhanced pre-school, public health information, access to a support worker and €100 worth of child developmental materials each year. Both groups were encouraged to attend two public health workshops or programmes already available in the community, such as the Stress Control Programme (which involves six one-hour weekly sessions) and the Healthy Food Made Easy Programme (which involves six two-hour sessions).

In addition to this, the high-support group received mentoring via regular home visits, during which they were provided with high-quality information about parenting and child development. The frequency of the visits depended on the needs of the families, with the majority of families receiving monthly visits with an average duration of 49 minutes. The mentors focused on five general areas related to child development: (1) pre-birth; (2) nutrition; (3) rest and routine; (4) cognitive and social development; and (5) mother and her supports. Tip sheets were used to facilitate the home visiting sessions, and were retained by the parent. These tips were designed to be delivered based on the age of the child and the needs of the family; however, participants also received a full set of tip sheets by the end of the programme. Participants in the high-support group also participated in the Triple P Positive Parenting group programme.

Evaluation and findings

The evaluation of the Preparing for Life (PFL) programme, undertaken by the UCD Geary Institute for Public Policy based at University College Dublin, included a longitudinal randomised control trial design and an assessment of the implementation process. Randomisation involved the allocation of parents to a high-treatment group (who receive the interventions outlined above), or to a low-treatment group.

Findings

The findings reported here are based on the 6-, 12-, 18-, 24-, 36- and 48-month reports, which aimed to determine if the programme had an impact on parent and child outcomes at these junctures.

Impact of PFL programme at six months

The results compared the six-month outcomes for the high- and low-treatment groups across eight areas: child development; child health; parenting; home environment and safety; maternal health and pregnancy; social support; child care and service use; and household factors and socioeconomic status. As to be expected at this stage in the programme, after six months there were limited significant differences observed between the high- and low-treatment groups in relation to parenting. However, many of the outcomes were in the anticipated direction, with the high-treatment group reporting somewhat better outcomes than the low-treatment group. The most positive effects were achieved in the areas of social support, and in the context of this parenting outcomes report, home environment and safety and parenting, with the quality of parent

and child interactions being better in the high-treatment group than among their low-treatment counterparts. Children in the high-treatment group were exposed to less parental hostility, were living in a safer home environment and had more appropriate learning materials and childcare, and the mothers had reduced parental stress. Mothers were more likely to be socially connected within their community.

Impact of PFL programme at 12 months

At 12 months there were no significant effects in the domains of parenting, the home environment and household factors/socioeconomic status (SES). The domains with the most positive effects were child health, social support and child development. Specifically, children in the high-treatment group displayed a higher level of fine motor skills and were less likely to be at risk for social and emotional difficulties than children in the low-treatment group. Additionally, they had more appropriate eating patterns and had a higher level of immunisation rates. Furthermore, mothers in the high-treatment group were more likely to regularly meet their friends. These findings differ from the results at six months in which significant findings were found in the domains of parenting and the quality of the home environment. While less significant findings were reported at 12 months, compared with six months, the researchers suggest that this may be due to differences in the measures included at each time point, thus indicating that PFL may be effective in specific domains. For example, in the home environment domain, at six months the home environment measures focused on aspects of the physical environment and the appropriateness of toys and activities. At 12 months, the home environment measures focused on aspects of the family relationship.

Impact of PFL programme at 18 months

Positive impacts on parenting outcomes at 18 months in PFL were limited. However, at six months, programme effects were found for parent-child interactions, with parents in the high-treatment group having better quality interactions with their children. Parents in the high-treatment group were also more likely to worry about their child's language development than those in the low-treatment group. This was considered to be a positive programme effect, as it is likely to reflect parental knowledge about child development. At 18 months, children in the high-treatment group were also more likely to have a clean and safe home environment with more learning materials available.

Impact of PFL programme at 24 months

The 24-month findings indicated that the programme was continuing to have a positive impact on many domains.

At 24 months, the high-treatment group mothers reported feeling more competent as parents. In addition, the high-treatment group were also more likely to regard their own child more favourably than other children of the same age. When compared with the low-treatment group, fewer parents in the high-treatment group reported clinically significant stress levels.

Impact of PFL programme at 36 months

At 36 months, significant results were found in relation to aspects of child development, child health, parenting, the home environment, and maternal health and well-being. Parents in the high-treatment group were less likely than low-treatment parents to utilise an authoritarian or permissive parenting style. More specifically, they were less likely to exhibit punitive or hostile

parenting behaviours towards their children. However, there was an unexpected finding in that mothers in the high-treatment group were more likely to show indifference or neglect towards their children. At 36 months, children in the high-treatment group spent less time watching television and were less likely to watch television alone.

Impact of PFL programme at 48 months

At 48 months, the high- and low-treatment groups also differed significantly on two aspects of parenting. Firstly, as found at 36 months, mothers in the high-treatment group reported fewer permissive parenting behaviours than those in the low-treatment group. However, a treatment effect on authoritarian parenting styles, which had been present at 36 months, was no longer significant at 48 months. Furthermore, the authoritarian subdomains, which were significantly lower in the high-treatment group at 36 months, indicated a narrower gap between the groups at 48 months, with no significant differences. This effect may be attributed to the reduced contact time between mentors and participants in the final year of the programme or the emphasis on child skills rather than parenting.

PFL implementation analysis

A qualitative strand to the evaluation provided information on parents and mentors' experiences of the programme. Parents indicated that they greatly valued the practical information and support provided through the home visits from programme mentors. Mothers reported having positive relationships with their mentors and felt the programme helped improve their parenting skills. Interviews with mentors focused on the skills required to mentor programme participants effectively, which included skills in developing a good rapport with families and striking a balance between tailoring the delivery approach to suit individual families while maintaining fidelity to the PFL manual. Concerns for mentors included maintaining family involvement in the programme and delivering a programme within the confines of a longitudinal experimental evaluation.

Parents reported high satisfaction with the programme and how it was delivered, with greater satisfaction from the high-treatment group than from the low-treatment group. Focus groups conducted with parents and PFL staff members revealed that all agreed the programme was benefiting families in the community, with contributory factors to this including the relationships developed between parents and mentors, respect for and flexibility around parents' time, and the quality of the information materials. An exploration of the degree to which information was being shared between high- and low-treatment groups indicated that there was a high level of general contact and sharing of materials among both groups.

A total of 217 participants completed interviews at 48 months, representing 65.4% of the original sample recruited into the study. The 48-month completion rate was very similar for the high-treatment group (64%) and the low-treatment group (62%), and slightly higher for the comparison group (71%). The level of official attrition from PFL between baseline and 48 months was quite low, at 16% across all samples. A greater proportion of the low-treatment group (21%) was classified as disengaged, or missed their 48-month interview, when this group was compared with the high-treatment group (17%). Total non-completion (attrition and disengaged) at 48 months was very similar among the high-treatment group (36%) and the low-treatment group (38%), and lower among the comparison group (29%).

The analysis of participant engagement found that families in the high-treatment group received an average of 50 home visits by the PFL mentors between programme entry and 48 months, which translates into about one home visit per month on average.

Conclusions

Cognisant that PFL is a longitudinal study, the six-month report showed that the programme had limited impact on improved outcomes for children and parents (although many showed positive directionality), but there were encouraging findings on the three domains of parenting (knowledge and skills, reduced stress, parental well-being), the quality of the home environment and social support. The number of significant findings grew over time and there were further positive effects at 12, 18, 24, 36 and 48 months. While positive effects were not always consistent (partially reflecting the use of different measures at different time points) the final report on the programme, at school entry, indicates substantial positive effects on child outcomes.

Incredible Years BASIC Parenting Programme (Archways)

The programme

The Incredible Years BASIC Parenting Programme/Early School Years Parent Training (IYP) programme is a brief group-based intervention guided by the principles of behavioural and social learning theory.¹⁰² It consists of 12–14 weekly sessions, each of which lasts for between two and two and a half hours. The programme uses videos, role play, modelling and group discussions to help parents rehearse and adopt positive parenting strategies. Parents are encouraged to use praise and incentives to reinforce positive child behaviour and to cope with problem behaviour with non-aversive parenting strategies. Improvements in parent-child relationships are also targeted through the promotion of child-directed play.

The IYP programme is one of the few ‘model’ programmes designed to directly tackle the issue of emotional and behavioural difficulties in children. Model programmes are those that have been subjected to independent rigorous evaluation, which has produced scientific evidence of their long-term effectiveness. Considerable research has been undertaken in North America and Europe to assess the Incredible Years BASIC Parenting Programme and the evidence suggests that it significantly improves parent-child interactions and child behaviour outcomes.¹⁰³

Evaluation

The evaluation was conducted by the Department of Psychology at the National University of Ireland, Maynooth, which assessed the impact of the programme in reducing emotional and behavioural difficulties in childhood and improving parental competency and well-being.¹⁰⁴ Evaluations were conducted at both six and 12 months post-intervention.

Findings

The findings reported here are based on the six-month and 12-month reports, which aimed to determine if the programme had an impact on parent and child outcomes at these junctures.

Impact of Incredible Years BASIC Parenting Programme at six months

¹⁰² Webster-Stratton, 1979

¹⁰³ Furlong, 2012; Gardner et al, 2006; Hutchings et al, 2007; Larsson et al, 2009; Webster-Stratton, 1989; Webster-Stratton and Hancock, 1998; Reid and Webster-Stratton, 2001; Reid et al, 2004; Gross et al, 2003; Scott et al, 2001

¹⁰⁴ McGilloway et al, 2009, 2010, 2012a, 2012b

Parents who participated in the Incredible Years programme were still doing better six months later than those parents who were on a waiting list to attend the programme. Parents were less likely to be depressed than their waiting list control counterparts and their children were less likely to display behaviours such as non-compliance, temper tantrums, negative physical behaviour, over-activity and hyperactivity. Parents' perceptions of their children's behaviour were less severe than their perceptions six months previously. Improvements in children's prosocial behaviour and in their interaction and communications with each other were evident. There were also some improvements in children's relationships with their peers when compared with children in the waiting list control group. Observation in the home showed that parents were less critical of their children and there was a reduction in child problem behaviour.

These findings were supported by the qualitative study, which showed that parents appreciated and valued the role of the Incredible Years facilitators and how the programme was delivered to them. They had positive experiences of participating in the group process and they benefited from the collaborative learning and acquisition of increased understanding, knowledge and skills. The inclusion of supports to facilitate parental attendance at the group (e.g. crèche facilities) was greatly appreciated.

Impact of Incredible Years BASIC Parenting Programme at 12 months

The 12-month follow-up involved a quantitative study of parents and children in the intervention group who had participated in the RCT, and interviews with a subsample of the intervention group parents to explore their experiences after the programme. Positive impacts on parents observed at six months were maintained at 12 months post-intervention. Parents reported lower levels of stress and psychological distress. Observations of parent-child interactions in the home showed that the programme was having a sustained impact on parenting skills, with parents using more positive parenting strategies with their child and less negative or critical parenting strategies. In addition, parents reported that the programme had a positive impact on marital adjustment, indicating less conflict with their spouse regarding disciplinary matters, or in the presence of their child. Improvements in child behaviour were also sustained at 12 months, with reductions in problematic and hyperactive-type behaviours and improvements in prosocial behaviour evident. Improvements in children's relationships with their peers were also maintained at 12 months post-intervention. There was also a reduction in problematic sibling behaviour that was not evident at six months post-intervention, suggesting longer-term accumulative positive effects for sibling behaviour.

As reported previously, these findings were supported by the qualitative study, with parents reporting closer parent-child relationships, improved sibling behaviour, family functioning and increased capacity to deal with parental stress. Many parents reported successful incorporation of these new parenting skills into their daily routine, whereas other parents reported that this still required conscious effort. All parents said they would like to attend the Incredible Years Advance Parenting Course, and had recommended the BASIC training programme to others. Eighteen-month follow-up interviews with a smaller number of intervention group parents showed that the programme continued to have positive outcomes for parents, children and siblings. Parents reported greater ease in the implementation of skills, and also reported knowing which skills to use in which situation.

Some difficulties and challenges were also reported during interviews with parents at six and 12 months; these included parents struggling with the concept of positive attention (i.e. praising their children when they are behaving well), and some parents continued to face behavioural challenges

presented by their children after the programme ended. When relapses in problematic child behaviour occurred, they were associated with not using parenting skills in stressful times, and the negative influence of an unsupportive parent, school or antisocial neighbourhood. The experiences of parents who dropped out of the programme were also examined (although this was a small number). Aside from the practical barriers posed by attendance at the programme, some parents felt that the programme did not meet with their expectations and, as highlighted above, they were less favourable towards the notion of positive attention. Certain elements of the programme were less conducive to attendance (e.g. vignettes or stories). Other parents in this dropout group felt judged or isolated by some parents in their group.

The estimated cost of delivering the programme was €1,463 per parent/child. Further analysis indicated that, overall, it would cost €2,304 to bring the average child in the study to below the clinical cut-off point for serious behavioural problems. The results showed that parents in the intervention group were using fewer services at six and 12 months post-intervention, with a decline in primary care services and contact with social workers in particular. If this effect on service use were to continue for 10 years, the evaluation team calculated that a saving of between €4,824 and €4,021 per child would be generated during that period.

Conclusions

The overall findings demonstrate the effectiveness and cost-effectiveness of the Incredible Years BASIC Parenting Programme/Early School Years Parent Training Programme as an intervention to reduce the early onset of conduct problems among young children in community-based settings, as well as significantly improve parenting skills, competencies and the well-being of family members.

Incredible Years parent and child training for children with ADHD (Archways)

The programme

The Incredible Years small group Dina Programme is an evidence-based child social skills training programme which, like the Incredible Years Basic Parenting Programme, (IYBP) is based on behavioural and social learning theory. The aim of the programme is to improve child emotional regulation, prosocial behaviour, problem-solving and friendship skills.¹⁰⁵ It is a group-based programme comprising 18 weekly sessions, each lasting two hours. Sessions include group discussions, coaching, life-sized puppets, video vignettes and homework assignments to illustrate various socioemotional and self-regulatory skills to children. The programme content covers building friendship skills; teaching problem-solving strategies; enhancing emotional literacy and anger management; and enhancing school performance. Parents receive weekly letters and phone calls. The methods and structure of the programme are tailored to the specific needs of children with ADHD symptoms to facilitate a more limited capacity for sustained attention and increased hyperactivity. For example, additional hands-on practical activities and role plays are used and additional space is provided to allow the child room for movement if needed.

Evaluations of the Dina programme have typically been conducted in combination with the Incredible Years BASIC Parenting Programme (IYBP) and the Incredible Years Teacher Classroom

¹⁰⁵ Webster-Stratton, 2005

Management (TCM) Programme.¹⁰⁶ The findings suggest that the addition of the Dina programme is associated with outcomes for children in the areas of problem-solving and conflict resolution skills, as well as reduced peer problems in school, when compared with parent-training interventions alone. The incorporation of child training may also increase the generalisation of treatment effects beyond the home, as well as increasing the likelihood that effects are maintained in the longer term.¹⁰⁷

Evaluation

The evaluation was conducted by the Department of Psychology at the National University of Ireland, Maynooth, which conducted an exploratory RCT to examine the effect of the IYBP plus the combined effects of the IYBP and the child Dina programme for children with symptoms of ADHD. A small qualitative study was also conducted to explore the experiences and views of parent participants and Dina facilitators. Forty-five children (aged 3–7 years) with symptoms of ADHD, and their families, took part in the study.

Findings

At baseline, all children in the study displayed high levels of child hyperactivity and attention deficit problems, as well as externalising, aggressive and oppositional behaviours. Sixty-nine per cent of parents in the study were at risk of poverty. The findings highlighted significant differences at the six-month follow-up between the parent training group and the control group on child hyperactivity and prosocial skills as well as parenting competency. Differences between the combined training group (parent training and child training) and the control group at follow-up were largely non-significant, with the exception of the SDQ impact scale, on which parents reported significantly lower post-intervention levels of child distress and social impairment due to conduct problems and hyperactivity post-intervention, when compared with the control group. These results suggest that, while the IYBP was effective in tackling some core ADHD symptoms, the combined treatment (parent training and child training) did not produce any added benefit for child hyperactive/inattentive behaviour post-intervention, at least as recorded on study measures. However, the qualitative findings suggest that the combined programme was viewed very favourably by both parents and children and had led to marked improvements in child behaviour.

Conclusion

Both the quantitative and qualitative findings suggest that children with ADHD symptoms whose parents attend IYBP training can, on average, make significant gains in terms of reduced hyperactivity and inattentiveness and improved social skills. The findings also indicate that parenting interventions, such as the IYBP, may help to reduce the risk of certain kinds of adverse outcomes in young children showing early signs of ADHD. However, further research with this subgroup is needed.

The potential added value of providing simultaneous child training in addition to parent training is unclear and therefore further research is needed to explore the effectiveness and cost-effectiveness of combined parent and child training programmes, as well as the longer-term outcomes of these kinds of interventions more generally.

¹⁰⁶ Webster-Stratton and Hammond, 1997; Webster-Stratton, Reid and Hammond, 2004; Webster-Stratton, Reid and Stoolmiller, 2008

¹⁰⁷ Webster-Stratton et al, 2004

Functional Family Therapy (Archways)

The Programme

Functional Family Therapy (FFT) is an evidence-based approach to family therapy developed in the USA. In 2007, the Archways Families First FFT service was established in Clondalkin, Dublin to provide a service for families of adolescents with behavioural problems at risk of involvement in the juvenile justice system. Therapist training was provided by Professor Tom Sexton, an FFT expert from Indiana University, and by Astrid van Dam, an accredited FFT trainer.

FFT is an evidence-based treatment for adolescent behavioural problems, conduct disorder, substance misuse and delinquency (Alexander et al, 2013; Alexander and Parsons, 1982; Sexton, 2011).

Therapist goals and interventions appropriate to each phase are described in a treatment manual (Sexton and Alexander, 2004). Therapists meet regularly, usually on a weekly basis for about three or four months, with adolescents and their families in conjoint sessions. During these sessions, they develop a therapeutic alliance with family members, help families to develop better parenting practices, communication and problem-solving skills, and use these skills independently to generalize progress made within therapy to home and community contexts.

Evaluation

Between 2010 and 2014, a research programme to evaluate the effectiveness and implementation of FFT involved researchers at the School of Psychology at University College Dublin, in collaboration with Professor Tom Sexton at Indiana University and the team of FFT therapists at Archways Families First. This FFT research programme comprised three studies: a retrospective survey covering the period 2007–2011; a prospective randomised controlled trial covering the period 2012–2014, and a qualitative implementation study conducted in 2014.

Randomised controlled trial

The results of the prospective randomised controlled trial covering the period 2012–2014, showed that FFT was implemented with a high degree of fidelity by all therapists, that there was a remarkably low FFT dropout rate (7%), and that FFT was effective in reducing adolescent behaviour problems and improving family adjustment.

Family functioning was assessed with the Systemic Clinical Outcomes and Routine Evaluation (SCORE) and the revised Client Outcome Measure (COM). Families who participated in FFT reported significantly greater improvement in adolescent conduct problems and family adjustment on parent- and adolescent-completed versions of the SDQ, SCORE and COM, when compared with the comparison group.

Improvements shown immediately after treatment were sustained at three months follow-up. Clinical recovery rates were significantly higher in the FFT group than in the control group. Fifty per cent of FFT cases were classified as clinically recovered after treatment, compared with 18.2% of cases from the waiting list control group. Clinical recovery was defined as obtaining a score below the clinical cut-off on the parent-completed SDQ total difficulties scale at Time 2. When the findings for parents and teenagers were compared, parents perceived a greater degree of improvement in a greater number of domains of adolescent behavioural problems.

Qualitative implementation study

The qualitative study conducted in 2014 identified a range of factors that influenced the effective implementation of FFT at Archways Families First. The central factors that supported implementation were the professional strengths of the therapists, the strengths of the FFT model, and the commitment of the FFT team to model fidelity and maintaining high-quality relationships with clients and colleagues. The principal obstacles were the limited availability of resources and the organizational challenges of setting up a service, selecting staff who could buy in to the FFT model, and worrying about the sustainability of the service. Staff, trainers, families and referrers who participated in the qualitative implementation study concurred that FFT led to marked improvements in adolescent and family adjustment.

Conclusion

This randomised controlled trial suggested that FFT is an effective treatment for adolescent behaviour problems in an Irish context. The results of the trial are comparable to the results of other trials of FFT and other similar evidence-based approaches to family therapy. This supports the expansion of FFT to other locations, populations, and service delivery systems in Ireland. Further research is required to evaluate the effectiveness of FFT compared with 'treatment as usual' for young people at risk of juvenile delinquency in Ireland. Further research is also required to evaluate the cost-effectiveness of FFT in an Irish context.

Growing Child Parenting Programme (Lifestart)

The Lifestart Growing Child Parenting Programme is a parent-directed, child-centred learning programme on child development delivered to parents of children aged from birth to five years of age. It is a universal programme offered to parents in the relevant catchment area, regardless of social, economic or other circumstances. It aims to help parents to support their child's physical, intellectual, emotional and social development and to promote school readiness. It is a structured month-by-month curriculum of information, knowledge and practical learning activity for parents consisting of age-specific information on child development supported by a library of educational resources, tailored to suit each individual child and family. The programme is delivered by trained family visitors in the parent's home.

Every parent who joins the Lifestart programme receives a monthly publication based on the Growing Child curriculum (www.growingchild.com) in addition to a 30–60-minute home visit from a Lifestart family visitor. Together, the Growing Child literature and the visit provide age-specific information on what parents can do with their child and what developmentally appropriate materials they might use. The home visit also provides an opportunity to discuss progress made during the previous month and to focus attention according to the family's needs.

Evaluation

A multisite randomised control trial evaluation of the Lifestart Growing Child Parenting Programme was carried out by a team from the Centre for Effective Education and the Institute of Child Care Research, Queen's University Belfast.

Findings

The Lifestart logic model¹⁰⁸ suggests that the initial impact of the Lifestart programme is to improve parental outcomes. Significant improvements were found in parental confidence and efficacy.

The randomised control trial sought to measure differences in outcomes between the intervention group and a control group over the five-year course of programme delivery. The progress of these children was therefore assessed again at three years (before pre-school or formal education) and at five years (following completion of the programme).

Parents in the intervention group reported significantly lower levels of parenting stress, greater knowledge of child development and higher levels of parenting confidence. Results indicated positive, but non-significant improvements in children's learning outcomes, including cognitive development, prosocial behaviour, decreased difficult behaviour, and fewer referrals to speech and language therapy services. In addition, exploratory analysis revealed that the programme produced similar effects for all parents and children who participated, regardless of gender of the child, level of maternal education and anxiety, marital status, or whether they were a first-time parent or not.

The qualitative strand of this evaluation indicated that the majority of parents enjoyed the programme and found participation helpful for both their children and themselves. Positive feedback from parents, in particular, referred to their positive relationship with the Family Visitor, who parents referred to as friendly, supportive, and knowledgeable. Parents also reported that the materials and information received as part of the programme helped expand their child's learning and was also helpful in preparing their child for the transition to primary school.

Most parents enjoyed taking part in the Lifestart Growing Child programme evaluation, although some perceived the data collection process as lengthy. All parents in the study received feedback on child developmental assessments undertaken, and the importance of this was highlighted in terms of promoting participant retention.

Conclusions

Lifestart appears to be effective in improving parent outcomes, with Lifestart parents reporting reduced parenting-related stress, increased knowledge of their child's development, and improved confidence in their parenting role. The programme works as intended, impacting primarily on parent outcomes, with smaller but positive changes in child outcomes. The programme was perceived by parents to be a non-judgemental source of advice and information. The role of the Family Visitor was identified as one of the key components of the programme, providing knowledge, support and encouragement. Further research is needed in order to measure the potential long-term impact of Lifestart.

Odyssey – Parenting Your Teen (formerly Parenting UR Teen) (Parenting NI)

The Programme

¹⁰⁸ A logic model is a pictorial representation that summarises the key components of a strategy or programme in terms of the outcomes it is trying to achieve and what resources and activities are required in order to achieve this.

Parenting NI, an organisation in existence for over 30 years, has a regional remit in Northern Ireland to promote positive parenting through the provision of training, support and information on family issues. The Parenting UR Teen Programme (now Odyssey – Parenting Your Teen) was developed by Parenting NI in response to the lack of programmes specifically targeted at parents of adolescents. The programme is a group-based intervention delivered over eight weeks in 20-hour sessions, using a variety of techniques including presentations by programme facilitators, role plays, problem-solving and group discussions. Homework tasks are an additional element of the programme.

Evaluation

The evaluation was conducted by the Institute of Child Care Research at Queen’s University Belfast and had two components – an impact assessment with a randomised controlled trial using a wait list control and an implementation evaluation. The programme was delivered 28 times in 14 locations across Northern Ireland. Data were collected from both parents and adolescents.¹⁰⁹

Findings

- **Impact evaluation**

The programme had a positive effect on parental mental health, resulting in parents reporting reduced levels of stress, feelings of social alienation and guilt and incompetence in fulfilling the parenting role. Attendance at the programme resulted in reduced conflict between parents and their children in relation to school, meals and eating. Similarly, there were improvements in communication, problem-solving and family cohesion, and significantly lower levels of stress related to the parent-teen relationship. A further positive improvement was in the area of parents’ attitudes and beliefs about their adolescent’s behaviour, with parents less likely to perceive behaviour as malicious or likely to have disastrous consequences. Parents were more likely to have realistic views about how their teenager should behave. There was no reduction in adolescent motivation in school or feelings of isolation. After completing the programme, teenagers showed an overall reduction in levels of distress, as well as reduced levels of conflict with their mothers about school-related issues.

- **Implementation evaluation**

Parents acknowledged and greatly appreciated the skills and expertise of the programme facilitators. They enjoyed the programme content and format, and the way it progressed from general issues to more specific aspects, including the challenges of parenting adolescents. Parents were conscious of individual learning that had occurred for them in addition to the increased knowledge and understanding they had acquired about themselves (in their current role as parents and previously as teenagers) and also about aspects of adolescent development. The group process helped parents to normalise their teenagers’ behaviour and to understand that being challenged by behaviour and struggling to cope with it did not imply that they were bad parents. Parents also reported developing an understanding of how their approach and communication style can often contribute to potentially conflictual situations, and how improved communication with their teenagers represented a positive change for them.

Many parents alluded to the stigma attached to attending a parenting programme, but once there they found the process very supportive, albeit often struggling to put the learning attained in the group into practice at home. Others felt that the programme did not meet their needs or expectations in terms of either content and format, nor did it have the capacity to address

¹⁰⁹ Higgins et al, 2012

individual issues presenting for parents. The involvement of mothers and fathers as well as teenagers was one of the improvements to the programme suggested by participants, with a specific recommendation that strategies should be developed to encourage greater engagement with fathers.

Conclusions

Odyssey – Parenting Your Teen (formerly Parenting UR Teen) has provided strong evidence for an effective parenting programme for adolescents. The programme has had a positive effect on the mental health and well-being of parents, has enhanced the relationship between parents and their teenage children, and has reduced distress through lessening of conflictual situations. Parents have developed a better understanding of their teenager's behaviour and have realistic expectations with regard to this. Parents had a positive experience of participation in the group process and acquired new knowledge and understanding.

CDI Early Years (CDI)

The Childhood Development Initiative (CDI) in Tallaght West is a 10-year strategy based in an area of Dublin identified as socially and economically disadvantaged and with high levels of unemployment.

The programme

The CDI Early Years programme is one of six programmes developed as part of the overall CDI initiative and is targeted at children and their families.

The following components constitute the parental component of the programme:

- Provision of quality childcare and activities for parents based on their specific needs as a means of ameliorating the effects of social stressors on parents. Assistance by home visits by designated parent/carer facilitators (PCF) with a role to liaise and develop a relationship with parents and provide information to them on topics such as education, services or extra supports.
- Provision and delivery by the PCF of a six-week parenting education programme, the Parents Plus Community Course, to support parents in positive parenting with a focus on enhancing children's early learning and development.

Evaluation

The evaluation of the CDI Early Years programme was conducted by the Centre for Social and Educational Research at the Dublin Institute of Technology (DIT) and the Institute of Education at the University of London, and consisted of both a randomised controlled trial (RCT) and an implementation process evaluation.¹¹⁰

Findings

There was no reported difference in relation to parent stress between the intervention and control groups at the end phase of the programme. The more Parents Plus Community Course (PPCC) sessions that parents attended, the more likelihood there was of improvements in the quality of the home environment. This finding shows that even two years after completing the course, the PPCC is a key component in improving the home learning environment. Parent reports on participation in the PPCC were positive and all parents benefited from the learning achieved. They spoke of acquiring new skills and strategies for dealing with their children's behaviour and of a positive change in their relationship with their children.

Although the home visits by parent/carer facilitators in the parent support programme was generally well received by parents and staff alike, it did not have the same impact as the PPCC parenting programme. There was a general consensus that most parents became more involved with the early years service due to the relationship that was built up with the parent/carer facilitator through the PPCC, home visits and family trips in the summer programme. However, parents were often difficult to engage and reluctant to allow the parent/carer facilitator into their homes. The frequency of these visits annually was lower than expected and initially some parent/carer facilitators and early years practitioners seemed to be unclear about their role and purpose in the process.

¹¹⁰ Biggart et al, 2012

Conclusions

The Parents Plus Community Course appeared to be successful in improving the home learning environment once parents were engaged.

Doodle Den Programme (CDI)

Doodle Den is the second of the three CDI programmes described in this report.

The programme

Doodle Den is an evidence-based literacy programme delivered in seven local schools in Tallaght West, Dublin, each involving groups of 15 five and six-year-old children. The overall aim of Doodle Den is to achieve moderate improvements in the children's literacy. The programme is intensive, with the children attending three after school sessions a week, each lasting 1.5 hours, throughout the school year. In addition to these sessions, there are three family sessions and six parent sessions. In these sessions, parents are encouraged to take part in activities including sitting in on children's sessions and shared reading activities. The sessions are co-facilitated by a teacher and a youth worker or child care worker.

Evaluation

A randomised controlled trial (RCT) was conducted by the Centre for Effective Education at Queen's University Belfast into the effects of the programme on child outcomes and a process evaluation considered the implementation of the initiative.

Findings

The RCT found strong evidence that Doodle Den achieved its stated aim of moderate improvements in children's literacy. Of particular relevance to the parental component of the programme, children also showed significant improvement in concentration, reading at home, family library activity and a reduction in problem behaviours at school. The cost of this programme was €1,656 per child, per year.

Conclusions

Overall, the findings were very positive and the evaluation produced strong evidence that the Doodle Den Programme is effective in improving children's literacy in Tallaght.

Mate-Tricks prosocial behaviour after school programme (CDI)

Mate-Tricks is the third of CDI's programme described in this *Parenting* report.

Programme overview

Mate-Tricks is an after school programme designed to promote prosocial behaviour of children aged 9–10 years. It is a bespoke intervention that combines elements of two prosocial behaviour programmes – the Strengthening Families Program and the Coping Power Program. Mate-Tricks is a one-year, multisession after school programme comprising 59 children-only sessions, six parent-only sessions and three family sessions, with each session lasting 1.5 hours. In relation to the parental component, the programme specifically aims to improve parenting skills and parent-child interactions.

Evaluation

The evaluation was completed by the Centre for Effective Education at Queen's University Belfast and included a randomised controlled trial (RCT) designed to measure the programme's effects on child outcomes and a process evaluation investigating its implementation.¹¹¹

Findings

There was an increase in antisocial behaviour, as reported by children themselves, and an increase in authoritarian and liberal styles of parenting. However, parents and teachers did not report these negative behaviours. Increased child and parent engagement with the programme was consistently associated with positive changes across most child outcomes. The more sessions attended by both children and parents, the greater the likelihood that this would lead to increased prosocial behaviour; a reduction in antisocial behaviour; an increase in school attendance; improved relationships with parents; improved parenting styles; and improvements in children's perception of their own emotional abilities.

The process evaluation revealed that facilitators had invested heavily and had employed numerous strategies to encourage parental involvement. This research highlighted the well-researched and identified difficulties of engaging parents and children in communities of social disadvantage. The cost of programme delivery for one year was €1,029 per child.

Conclusions

Although the conclusion overall from the RCT was that the Mate-Tricks Programme was not successful in improving prosocial behaviour and decreasing antisocial behaviour, it did demonstrate that where parents engaged fully with the programme and attended the required number of sessions, this had a positive impact on the primary intended outcomes of the programme.

Eager and Able to Learn Programme (Early Years)

Early Years, the Organisation for Young Children in Northern Ireland, is the largest organisation in Northern Ireland working for and with young children 0–12 years. Eager and Able to Learn is the first of two Early Years programmes described in this report.

Programme overview

The Eager and Able to Learn (EAL) Programme was designed by Early Years and is targeted at 2–3-year-old children. It aims to improve young children's eagerness and ability to learn through improving the learning environment in the early years setting and enhancing the children's physical, social, emotional, linguistic and cognitive development. The programme has a setting-based element, which involves a series of 12 developmental movements and play experiences, and a home-based element, which encourages parents to explore play activities with their children. The home-based element requires practitioners, early years specialists, to make supplementary visits to the child's home.

Evaluation

The Centre for Effective Education at Queen's University Belfast, in collaboration with the National Children's Bureau (NCB) Northern Ireland and Stranmillis University College, undertook the evaluation of the Eager and Able to Learn Programme.¹¹²

¹¹¹ O'Hare et al, 2012

¹¹² Molyneaux et al, 2012; McGuinness et al, 2012a, 2012b; Geraghty et al, 2012

Findings

The Eager and Able to Learn Programme was successful in changing practitioners' attitudes towards working with parents and also how well parents and practitioners thought they were communicating with each other. The parents' workshop attendance and the experience of participating in the EAL Programme had a positive impact on the parents' beliefs, attitudes and behaviours. The implementation study highlighted the importance of engaging with parents, and the parents' workshop, home learning manual and resource pack were all well received by parents and contributed to high levels of enjoyable and mutually beneficial play activities and interactions between parents and their children. The only component of the programme that proved more challenging than others was the home visiting component, which was adversely affected by low levels of practitioner confidence in engaging with parents, a lack of support from setting management and timing/logistical issues associated with undertaking the visits. In terms of child outcomes, the programme produced a surprising and unexpected pattern of results on the children's development, with positive effects on social and emotional development and negative effects on cognitive and emergent literacy outcomes. This 'polarising' effect was more noticeable in those subgroups of children who were more developmentally advanced when they joined the programme.

Conclusions

Eager and Able to Learn produced a positive effect on social and emotional development of children. Practitioners reported that they were interacting with children in a more positive way and parents appeared to learn more about the role of play in their children's development, and to experiment with different types of play. The findings from this pilot evaluation are being used to guide the future development of the programme.

Media Initiative for Children: Respecting Difference (Early Years)

Media Initiative for Children: Respecting Difference is the second of two Early Years programmes described in this report.

Programme overview

Media Initiative for Children: Respecting Difference is a pre-school programme for 3–4-year-old children that aims to increase awareness of diversity and difference issues among children, early childhood practitioners and parents, and to promote more positive attitudes and behaviours towards those who are different. It was developed by Early Years in partnership with the Peace Initiatives Institute in the USA.

Evaluation

The Centre for Effective Education at Queen's University Belfast, in collaboration with the National Children's Bureau (NCB) Northern Ireland and Stranmillis University College, conducted a randomised controlled trial in a total of 74 pre-school settings (54 settings in Northern Ireland and 20 in the Republic of Ireland).¹¹³

Findings

The Media Initiative for Children: Respecting Difference programme had a positive impact in relation to all three of the socioemotional development outcomes specified, i.e. socioemotional development, awareness of cultural differences and inclusive behaviour. The findings showed that both parents and practitioners showed potential in relation to changing their attitudes towards understanding the need to undertake diversity work with young children. Following the programme, parents had greater confidence in their own ability to address such issues with their children.

Conclusions

Overall, the research team concluded that the RCT found strong and robust evidence that the Media Initiative for Children: Respecting Difference programme is effective in improving outcomes in young children in relation to their socioemotional development and awareness of and attitudes towards cultural differences. It was also found to have similar effects for all children, regardless of their gender, religion and/or socioeconomic background.

Ready to Learn (Barnardo's NI)**Programme overview**

Ready to Learn is a school-based after school programme which is open to all children from Foundation Stage (Junior Infants) in participating schools. The programme has both a child and parent element, with the child component focusing on enhancing literacy and promoting a love of learning and the parent component offering a range of activities to support parental engagement in their child's learning. The child component also has a secondary focus on improving child social, emotional and behavioural regulation skills.

The content of the Ready to Learn programme centres on the following skills: Attention and listening skills, phonological awareness, concepts of print, oral language and extended vocabulary. The programme involves three weekly hour-long sessions which are staffed by at least one teacher and two early years professionals. The parental component of the programme provides practical advice and support to parents through parent groups held in the school, generally during school hours. The parent strand of Ready to Learn aims to assist parents in understanding what and how their children are learning in school, and to provide practical advice and support to assist parents in reinforcing their children's learning.

Between 2010 and 2013, 16 schools (in Belfast, Antrim, Larne and Ballymena) and 500 children participated in an evaluation of the programme.

¹¹³ Connolly et al, 2010

Findings

Ready to Learn was subjected to a mixed-methods evaluation, incorporating a three-year randomised controlled trial and a process evaluation investigating implementation and experiences of the programme. The evaluation was conducted by the Institute of Child Care Research at Queen's University Belfast.

The randomised controlled trial provides mixed findings in relation to child outcomes. However, overall the findings indicate a positive impact of the programme on reading achievement.

In relation to social and emotional learning, which was a secondary outcome of the programme, findings were again mixed. (Further information on child behaviour outcomes are included in the *Child Behaviour* report of this CES publications series).

No quantitative information was gathered during this evaluation relating to parenting. The qualitative aspect of the evaluation indicated that, overall, parents, children and school staff valued and enjoyed the programme. Parents who attended groups reported that they had improved their understanding of their child's learning and how they can reinforce it at home. However, maintaining parental engagement throughout the programme was challenging. A parents' group was established in three of the nine schools; these were largely maintained with a core group of five or six parents over the three years. In one school the Ready to Learn parent group went on to form a parent-teacher association (PTA). Another school never had a regular group of parents attend the sessions, despite repeated assurances from parents that they were interested in attending sessions. Attendance was highest when sessions also involved the children, i.e. the end of term celebration or an invitation to visit the 'Club' to observe or join in with activities.

Feedback from parents who attended the groups suggested that this had improved their understanding of what and how their children were learning in school. They also felt that the advice and support they were given helped them to reinforce their children's learning at home. However, the evidence suggests that this part of the intervention was ineffective in the overall aim of Ready to Learn, which was to help raise achievement.

Children reported that they enjoyed participating in the programme and the variety of activities it involved. School staff also spoke positively about the programme, indicating that they would recommend it to other schools; they also noted that it was a fun programme which enhanced literacy and social skills, and supported and reinforced teaching in the classroom.

For further information on the Ready to Learn evaluation please see MacDonald et al, (2014).

Ready, Steady, Grow and the Parent-Child Psychological Support Programme™ (youngballymun)

Programme overview

Ready Steady Grow (RSG) is an area-based infant mental health strategy, delivered through youngballymun, to support the developmental needs of infants and toddlers in the Ballymun area of Dublin. The strategy aims to maximise the social and emotional development of 0–3-year-olds by supporting parents in fostering positive relationships with their infants. The strategy operates in partnership with health service practitioners and community organisations and delivers a series of

services and programmes for parents and infants across a continuum of need from universally available services to more targeted supports. Ready Steady Grow comprises the Parent-Child Psychological Support Programme™ (PCPS™), a centre-based intervention for parents and their infants aged 3–18 months, other initiatives to support parent-infant relationships and child development (such as an antenatal service, group parent and infant programmes Hanen You Make the Difference language programme, infant massage and Talk and Play Every Day as well as individualised home visiting therapeutic support) and capacity building for local service providers to enhance infant mental health understanding and practice.¹¹⁴ This report covers findings from the process evaluation of Ready Steady Grow and the programme evaluation of the PCPS™ programme.

PCPS™ is delivered through an introductory visit and six subsequent programme visits by the parent and baby to the PCPS centre over a period of 15 months. These visits occur at approximately 3, 5, 7, 12, 15, and 18 months. There is also an option of scheduling two additional visits if it is felt that the baby needs more attention than the six visits can provide. The duration of each visit is typically between 30 and 60 minutes. PCPS is delivered by a multidisciplinary team comprising HSE PHNs who work in rotation, and SLTs who are seconded from the HSE.

The PCPS™ programme evaluation was conducted between July 2011 and December 2012, and involved 333 children (aged 3–19 months) and their families. It comprised both a process evaluation of the Ready Steady Grow strategy and a programme evaluation of the PCPS™ programme itself. The programme evaluation assessed the impact and effectiveness of PCPS™, examining changes over time in outcomes for parents (parental stress, parenting self-esteem, satisfaction and efficacy, parent-child interaction and satisfaction with the programme) and children (child development and attachment). Child development outcomes were evaluated pre- and post-intervention, and some outcomes were compared with those from a comparison group that had been established for the purposes of a separate study.¹¹⁵ Attachment was measured at a single point in time at the 15-month visit.

Findings

Findings from the Ready Steady Grow (RSG) process evaluation interviews revealed that the Ready Steady Grow Programme was building capacity within the service community in Ballymun, with support from the majority of local stakeholders in developing a community infant mental health (IMH) strategy. There was enthusiasm for the IMH training, supervision and support offered by RSG. Potential barriers identified included concerns about the future sustainability of RSG, IMH capacity outside of RSG, possible over-reliance on key staff and limited resources in the long term. Effective collaboration was dependent on organisations having a history of collaboration, common goals, opportunities to meet, available resources to collaborate, and physical proximity. Varying levels of engagement were reported, with organisations with common goals, pre-existing working alliances and a shared enthusiasm for IMH more likely to collaborate and engage effectively.

Findings from the PCPS™ programme indicated that there was no significant decrease in parenting stress between the introductory visit and the 15-month visit. Significant decreases were noted in

¹¹⁴ As an infant mental health strategy, Ready Steady Grow (RSG) is concerned with the promotion of young children's social and emotional competence. This is achieved through efforts to engage with the systems and individuals who influence the experiences and development of young children.

¹¹⁵ A follow-up study on the Parent Child Psychological Support Programme was undertaken in 2015 by the Programme Developer and is available at:
http://youngballymun.org/fileadmin/user_upload/performance_story_report/RSG_Outcomes/Item_RSG5_PCPS_Data_Analysis_2015.pdf

parental distress and parent-child dysfunctional interaction. A significant increase over time was noted in relation to child difficulty, suggesting that mothers had more difficulty managing their child's behaviour at 15 months compared to two months. The number of parental visits was significantly associated with lower scores in relation to dysfunctional interaction, indicating that for every additional programme visit attended, mothers' ratings of dysfunctional interactions with their children decreased. There was a significant increase in parenting self-esteem, parental efficacy and satisfaction over the course of the programme.

Four behaviour types were recorded during parent-child interaction sessions: sensitive (considered to be desirable) and intrusive, protective and disengaged (considered to be undesirable). There was no significant change over time in sensitive behaviours, with statistically significant decreases in protective and intrusive behaviours, which were related to every additional programme visit. There was a significant increase in parental sensitivity over time during periods of 'non-interaction' (i.e. when the child is not approaching or engaging with the parent). Attachment was assessed at 15 months using a well-established procedure, the Ainsworth Strange Situation Test (SST), which video records and analyses interactions between a parent and baby to provide an attachment security classification.¹¹⁶ In the cohort of Ballymun children analysed by the evaluators, 73% were recorded as having secure attachment; 12% were recorded as having avoidant attachment; 6% were recorded as having ambivalent attachment; and 9% were recorded as having disorganised attachment.

Incredible Years whole school approach (youngballymun)

Programme overview

Incredible Years is being implemented in the Ballymun area of Dublin as one component of a complex community change initiative called youngballymun. The Incredible Years service takes a whole school approach to supporting primary school-aged children's social and emotional development through building the capacity of children, parents, teachers and community-based family support services. The three interlocking components of Incredible Years comprise the Child Programme (Dina dinosaur classroom curriculum), the Teacher Programme (Teacher Classroom Management) and the Parent Programme (school-age BASIC Parenting). All of these can be delivered as standalone programmes, but youngballymun views the programmes as a multicomponent, multilevel, multiyear set of interventions linked to the culture and ethos of the school. The school's policies, systems and structures are used as vehicles to create an ethos (learning, social and physical environment) that promotes the principles of Incredible Years and supports the implementation of the programmes on a whole school level.

Incredible Years is an evidence-based programme shown to consistently have positive effects on children's outcomes and on parenting and teaching behaviour. youngballymun undertook an action research study to discover how the implementation of Incredible Years could be undertaken on a 'whole school' level. The aim was to promote social-emotional learning within school as well as to foster strong home-school partnerships by supporting and extending classroom learning, bridging home and school, and creating consistent expectations around social and emotional behaviour. The Incredible Years (school-age) BASIC Parenting Programme aims to improve skills and parenting strategies by focusing on the importance of promoting positive behaviours, interpersonal issues

¹¹⁶ For a summary of the characteristics of various attachment classifications see Van IJzendoorn et al, 1999.

such as building social skills, and effective praise. It is a 12-week programme delivered in a group format by two trained facilitators.

Findings

youngballymun collected monitoring data as part of the implementation of the whole school approach to Incredible Years youngballymun. The monitoring system provided descriptive snapshots of what was happening at a given point in time with a cohort of parents/children. It was seen as a regular, ongoing management activity which through reliable record-keeping would provide information to implementers (and managers) on a regular basis. A secondary analysis of the monitoring data collected indicated positive parenting outcomes relating to the Incredible Years BASIC Parenting Programme.

The action research study found significant reductions in parental depression from baseline to the end of the programme. While there was an increase in parents' scores on the measure of depression from the end of the programme to six-month follow-up, the scores at six-month follow-up remained significantly lower than at baseline. A similar pattern was observed in relation to participants' scores on the measure of parenting stress, with significant reductions observed in parents' total stress scores between the beginning and end of the training programme. Despite slight increases in mean scores at follow-up, mean total stress scores at six-month follow-up were significantly lower than at baseline.

Overview of impact of the programmes

The following two tables attempt to summarise the main outcomes in relation to parenting. Table 2 presents the main findings derived from standardised measures and surveys used to investigate the impact the programmes have had on parenting and parent-child relationships.

Table 3 attempts to summarise the overall impact on parenting of the interventions included in this report, categorised as 'significant improvement', 'positive trend', 'no difference' or 'negative impact'. Programmes were categorised as 'significant improvement' if they achieved a significant result on one or more parenting measures used. Programmes were categorised as 'positive trend' if they achieved a significant result on subscales or items on a measure or survey, or if the results were non-significant but pointed in a positive direction. 'No difference' indicated that no discernible differences were observed on parenting measures, and 'negative impact' indicated that a significant negative effect was observed on one or more parenting measures.

It is also important to remember that the evaluations listed below did not all use the same evaluation methods or measures to investigate parenting and parenting behaviours. A variety of parenting measures were used across the evaluations. The tables below are an attempt to summarise the impact of the programmes on the measures used associated with parenting.

Table 2 Impact of the programmes on measures of parenting experiences and competencies

Programme	Impact on measures associated with parenting
Triple P Positive Parenting Programme	<p><i>A quasi-experimental study showed:</i></p> <p><i>Significant differences at the population level</i></p> <ul style="list-style-type: none"> • Fewer children with borderline or abnormal scores on the SDQ in the intervention areas for total difficulties, emotional symptoms, conduct problems, peer problems and hyperactivity • Reductions in parental psychological distress in intervention area, with stability over time in comparison area. <p><i>Significant improvements in parent outcomes</i></p> <ul style="list-style-type: none"> • Parents were less likely to see their child’s behaviour as problematic. • Parenting practices (reduced laxness, over-reactivity and verbosity with their children) • How competent parents felt in their role • Parents reported being less depressed, anxious and stressed. • Reduction in conflict between parents over child-rearing • Improvement in the ratings of parental relationship quality. <p><i>Significant improvements in child outcomes:</i></p> <ul style="list-style-type: none"> • Reduction in child problem behaviours and improvement in all behaviour measures • Reduction in children categorised as borderline or abnormal according to scores on measures used, the SDQ (Level 4) and the Eyberg Child Behaviour Inventory (ECBI) (Level 3 and Level 4) • At group 12-month follow-up, statistically significant improvements were reported on all items measured, i.e. child behaviour and parenting discipline. Gains were greater at 12-month follow-up than post group for the number of disruptive child behaviours that were a problem for parents. • At the ‘Dealing with Disobedience’ workshop, six-month follow-up parents reported significant improvements for child and parent outcomes; frequency of disruptive behaviours, number of behaviours that were a problem for parents and how supported parents felt in their role as a parent.
Incredible Years (parent and child training for children with ADHD)	<p><i>A randomised controlled trial showed:</i></p> <p>Significant differences:</p> <ul style="list-style-type: none"> • Reduced levels of hyperactivity and inattentiveness among children in the parent training group • Higher levels of prosocial behaviour post-intervention among children in the parent training group • Parents in the parent training group used fewer forms of harsh discipline and improved parental instruction. <p>Positive trend:</p> <ul style="list-style-type: none"> • Qualitative findings indicate that the combined programme was viewed favourably by parents and children, and had led to improvements in child behaviour.

Programme	Impact on measures associated with parenting
Incredible Years (parent training)	<p><i>A randomised controlled trial showed:</i></p> <p>Significant improvements:</p> <ul style="list-style-type: none"> • Parents' perceptions of their child's behaviour improved, i.e. perceptions were less severe than they had been six months previously. • Reduced levels of depression in parents were maintained at 12 months post-intervention • Home observations showed that parents were less critical of their children and used less negative parenting strategies (maintained at 12 months) • Parental well-being and psychosocial functioning, with reduced parental stress and psychological distress (maintained at 12 months) • Increase in the observed use of positive parenting strategies (maintained at 12 months) • Significant improvement on total SDQ score • Significant improvement on ECBI • Significant decrease in behaviour problems (home observation) • Significant improvement on ECBI for siblings' behaviour (12 months only) <p>Positive trend:</p> <ul style="list-style-type: none"> • Reduced conflict between parents regarding disciplinary matters, or in the presence of the child (maintained at 12 months) • Problem behaviour scores within 'normal' range after intervention
Doodle Den	<p><i>A randomised controlled trial study showed:</i></p> <p>Significant improvements:</p> <ul style="list-style-type: none"> • Family library activity and parental reports of their child reading at home <p>Positive trend:</p> <ul style="list-style-type: none"> • Parental reading attitudes and reported child literacy activity
Odyssey – Parenting Your Teen	<p><i>A randomised controlled trial study showed:</i></p> <p>Significant improvements:</p> <ul style="list-style-type: none"> • In total parental stress scores (including feelings of social alienation, and incompetence and guilt surrounding parenting) • Stress in relation to the parent-teen relationship • Conflict regarding teen eating patterns and school • Family cohesion, communication and problem-solving • Parents' interpretations of their teenager's behaviour as malicious or likely to have disastrous consequences • Parents having more realistic views about how their teenager should behave
CDI Early Years	<p><i>A randomised controlled trial study showed:</i></p> <p>Positive trend:</p> <ul style="list-style-type: none"> • In total parental stress score • Subgroup analyses suggested that increased participation with the Parents Plus Community Course led to greater improvements in quality of the home environment.

Programme	Impact on measures associated with parenting
Preparing for Life	<p data-bbox="421 235 903 264"><i>A randomised controlled trial study showed:</i></p> <p data-bbox="421 304 735 333">Significant improvements in:</p> <p data-bbox="421 338 584 367"><i>Social support:</i></p> <ul data-bbox="472 371 1406 499" style="list-style-type: none"> • Mothers were more likely to be socially connected with the community and their friends (at six months and 12 months respectively); high-treatment group more likely to report receiving a lot of support from their parents (at 18 months and 24 months respectively); <p data-bbox="421 504 619 533"><i>Health and stress:</i></p> <ul data-bbox="472 537 1422 730" style="list-style-type: none"> • Significant improvement in levels of clinically significant stress in mothers (at six months and 24 months respectively). • Participants in the high-treatment group were more likely to report that they were in good health compared with other women (at 48 months). • However, overall, the evaluations suggest that PFL did not have an impact on parental well-being <p data-bbox="421 763 775 792"><i>Parenting styles and behaviours:</i></p> <ul data-bbox="472 797 1437 1417" style="list-style-type: none"> • The high-treatment group were more likely to regard their baby more favourably compared with other babies of the same age (at six months and 24 months respectively). • The high-treatment group engaged in more activities more often with their children (at 18 months). • The high-treatment group scored higher on a measure of parental self-efficacy, indicating that the high-treatment group mothers reported feeling more competent as parents (at 24 months). • Parents in the high-treatment group were more likely to accept negative behaviours and situations (at 18 months and 36 months respectively), were more responsive (at 18 months) and less likely to use restrictive parenting practices (at 18 months). • Mothers in the high-treatment group were less likely to engage in behaviours associated with permissive parenting (at 36 months and 48 months respectively), were less likely to engage in behaviours associated with authoritarian parenting (at 36 months); were less likely to engage in punitive or hostile parenting tactics (at 36 months); • Mothers in the high-treatment group were more likely to show indifference or neglect towards their children (at 36 months). <p data-bbox="421 1451 635 1480"><i>Safety in the home:</i></p> <ul data-bbox="472 1485 1433 2141" style="list-style-type: none"> • At six months, children in the high-treatment group had a safer home environment, a higher-quality home environment and more appropriate learning materials and childcare. • Children in the high-treatment group had greater access to appropriate play materials (at 18 months). • Children in the high-treatment group spent significantly less time watching TV, videos, or DVDs than children in the low-treatment group (at 36 months), or watching TV alone (at 36 months and 48 months respectively). They were not permitted to watch as much TV per day (at 36 months). • The TV in high-treatment group households was on for significantly less time during the day even if no one is watching it (at 36 months). • Parents in the high-treatment group were more actively involved in the child's learning and development (at 36 months). • Children in the high-treatment group have more regularity and predictability in their families' schedule, their physical environment and their families' use of community services (at 36 months). • The high-treatment group reported more emphasis on clear organisation and structure in planning family activities and responsibilities (at 36 months). • More mothers in the high-treatment group reported that they used electrical socket covers (at 18 months) and fewer children in the high-treatment group were

Programme	Impact on measures associated with parenting
	<p>exposed to cigarette smoke (at 18 months).</p> <ul style="list-style-type: none"> • The high-treatment group scored better on a measure of cleanliness and safety in the home as well as the presence of literacy material (at 18 months). • The total HOME score, based on all six subscales, was in the hypothesised direction and statistically significant with the high-treatment group scoring on average 38.37 and the low-treatment group scoring on average 36.98 (at 36 months). • Children in the high-treatment group were significantly less likely to be exposed to smoking in the home (at 18 months, 36 months and 48 months respectively). <p><i>Parental health-risk behaviours</i></p> <ul style="list-style-type: none"> • Parents in the high-treatment group less likely to report binge drinking (at 18 months). • Mothers in the high-treatment group were more likely to have a positive attitude towards the education that they received. • Participants in the high-treatment group were less likely to report consuming more than 14 units of alcohol in the past week (at 48 months). • Fewer participants in the high-treatment group reported binge drinking (at 48 months). • At 36 months, findings on the Parental Acceptance and Rejection Questionnaire were contrary to expectations. • Fewer mothers in the high-treatment group reported that they had a social worker working with the family (at 48 months).
Mate-Tricks	<p><i>A randomised controlled trial study showed:</i></p> <p>Negative impact:</p> <ul style="list-style-type: none"> • Use of negative parenting styles as reported by children i.e. authoritarian and liberal styles • Significant increase in antisocial behaviour (child self-report on CBCL)
Eager and Able to Learn	<p><i>A quasi-experimental study showed:</i></p> <p>Significant results on a number of survey items indicating:</p> <ul style="list-style-type: none"> • Parents engaged in different types of play with their child • Parents had increased awareness of the importance of play in child development and learning • Parents felt they were better at communicating with Early Education practitioners
Media Initiative for Children: Respecting Difference	<p><i>A randomised controlled trial study showed:</i></p> <p>Positive trends in a number of survey items indicating:</p> <ul style="list-style-type: none"> • Parents had increased awareness of the need to undertake diversity/inclusion work with children • Parents had increased confidence in addressing the issue of diversity/inclusion with their children <p>Data from training evaluations, project publicity activities, participatory evaluation data and stakeholder interviews indicate:</p> <ul style="list-style-type: none"> • positive changes in children’s behaviour • improved levels of trust and tolerance within or between communities • acknowledged different experiences, memories or legacies of the past • change in attitude and behaviour of children towards inclusion and exclusion • improved relationships between parents across community divisions • increased confidence and skills of teachers to contribute to building a sustainable peace • increased awareness of the need to do diversity work • schools in a better position to deliver primary education in a manner that contributes to a shared society

Programme	Impact on measures associated with parenting
Lifestart Growing Child Parenting Programme	<p><i>A randomised controlled trial study showed:</i></p> <p>Significant results:</p> <ul style="list-style-type: none"> • Parents in the intervention group reported less stress, greater parenting confidence and greater parenting knowledge. • Parents in the intervention group scored significantly higher on the mood, attachment and role restriction subscales. • Parents in the intervention group scored significantly higher on the discipline and boundaries subscale. <p>Other findings</p> <ul style="list-style-type: none"> • Parents were concerned about normal development of their child and expressed a need for accessible information on child development and support in improving parenting skills. • Some positive effects observed on cognitive development, fine motor development, language development and socioemotional development.
Ready to Learn	<p><i>Qualitative findings indicated that:</i></p> <ul style="list-style-type: none"> • The programme was well received by parents, but there was limited engagement with the parenting component. • Parents felt that the programme had improved their understanding of what and how their children were learning in school. • Parents also felt that the advice and support they were given helped them to reinforce their children's learning at home
Functional Family Therapy	<p><i>A randomised control trial study showed:</i></p> <p><i>Significant results</i></p> <ul style="list-style-type: none"> • The dropout rate from Functional Family Therapy (FFT) was very low. • Compared with the comparison group, those families who participated in FFT reported significantly greater improvement in adolescent conduct problems and family adjustment. • Improvements shown immediately after treatment were sustained at three months follow-up. • Clinical recovery rates were significantly higher in the FFT group than in the control group. • Compared with teenagers, parents perceived a greater degree of improvement in a greater number of domains of adolescent behavioural problems. • Significant improvements in family adjustment on parent and adolescent-completed versions of the SCORE and COM

Programme	Impact on measures associated with parenting
Parent Child Psychological Support Programme™	<p><i>A quasi-experimental study showed:</i></p> <p>Significant differences in stress ('Defensively' responding parents excluded):</p> <ul style="list-style-type: none"> • No reduction in total stress • Reduction in parental distress and parent-child dysfunctional interaction • Increase in maternal perceptions that their child was difficult • No change in proportion of mothers scoring in the normal range regarding stress • More programme visits associated with lower parent-child dysfunctional interaction scores <p>Significant differences in parental sense of competence</p> <ul style="list-style-type: none"> • Increase in overall sense of competence • Increase in efficacy and satisfaction in the parenting role <p>Significant differences in parent-child interaction</p> <ul style="list-style-type: none"> • No change in sensitivity or disengaged behaviours • Reduction in intrusive behaviours • Reduction in protective behaviours • More programme visits associated with reduced protective, intrusive and disengaged behaviours. <p>Significant differences in parent-child non-interaction</p> <ul style="list-style-type: none"> • Increase in sensitivity • Reduction in protective behaviour • Reduction in intrusive behaviour • More programme visits associated with reduced protective and intrusive behaviours.
Incredible Years Whole school approach	<p><i>An action research study showed:</i></p> <ul style="list-style-type: none"> • Significant reductions in parental depression from baseline to the end of the programme. There was an increase in parents' scores on the measure of depression from the end of the programme to six-month follow-up, but the scores at six months follow-up remained significantly lower than at baseline. • Significant reductions observed in parents' total stress scores between the beginning and end of the training programme. There were slight increases in mean scores at follow-up, but scores were still significantly lower than at baseline.

Some measures used: Parenting Stress Index (PSI), Parenting Problem Checklist, Condon Maternal Attachment Scale (CMAS), General Health Questionnaire (GHQ), Statin and Kerr Parental Monitoring, Parent Adolescent Relationship Questionnaire (PARQ), Beck Depression Inventory (BDI), Systemic Clinical Outcomes and Routine Evaluation (SCORE) and the revised Client Outcome Measure (COM).

Table 3 Summary of programme impact on parenting

Significant improvement <i>(statistically significant on one or more measures)</i>	Positive trend <i>(positive effects shown, but not reaching statistical significance)</i>	Mixed findings <i>(some significant positive and negative effects shown)</i>	No difference <i>(no statistically significant effects shown)</i>	Negative impact <i>(significant negative result on one or more measures)</i>
Triple P Positive Parenting Programme	Eager and Able to Learn	Parent-Child Psychological Support Programme		Mate-Tricks
Incredible Years Parent Programme	Doodle Den			
Odyssey – Parenting Your Teen	Media Initiative for Children: Respecting Difference			
Preparing for Life	Ready to Learn			
Incredible Years for children with ADHD and their parents	CDI Early Years			
Functional Family Therapy				
Lifestart Growing Child Parenting Programme				

Section 4: Conclusions

Discussion

There is a growing international and local evidence base in Ireland and Northern Ireland for programmes and interventions aiming to support parents and improve outcomes for their children.

In Ireland and Northern Ireland, there are a number of approaches and programmes being used to support parents and improve child outcomes. This report has examined the evaluation findings from programmes funded under the Prevention and Early Intervention Initiative. Five of these programmes worked with parents as their primary focus (Triple P, Preparing for Life, Lifestart Growing Child Parenting Programme, Odyssey – Parenting Your Teen and Incredible Years [which also has standalone programmes with children and teachers, but only the parenting programme was included in this report]) and 10 programmes worked with parents to supplement the work they were doing with the children (CDI Early Years, Doodle Den, Mate-Tricks, Eager and Able to Learn, Media Initiative for Children: Respecting Difference, NEYAI, Incredible Years Parent and Child training for children with ADHD, Functional Family Therapy, Ready Steady Grow and Ready to Learn).

Few programmes claim to be able to support parents from birth through the teenage years because such a diverse range of support is needed for the different stages of child development. As noted in Section 2, the parenting role changes as children get older and many programmes vary in their approach and focus according to children's developmental stage. This was the case in the Prevention and Early Intervention Initiative. Some were delivered in the first five years of a child's life (Ready Steady Grow, Preparing for Life, Lifestart Growing Child Parenting Programme, CDI Early Years, Media Initiative for Children: Respecting Difference, and Eager and Able to Learn). Some focused on children who had recently started school (Ready to Learn, Doodle Den, Mate-Tricks). Incredible Years straddled these two age ranges by working with parents of children aged 3–7 and the Triple P worked with parents of 2–8-year-olds in the evaluation reported here (it now delivers to parents with children aged 2–15 years). Odyssey – Parenting Your Teen and Functional Family Therapy work with the parents of teenagers.

There are also several different levels of service provision characterising how parents who might benefit from additional support are identified and how support is provided. The Hardiker Model (*see Section 2*) differentiates between mainstream services that are available to all families, either nationally or within particular communities (e.g. with high levels of disadvantage); services to children who have some additional needs (characterised by referral and full parental consent and negotiation); support to families or individual children and young people where there are chronic or serious problems (often a complex mix of services that usually need to work together well in order to provide the best support); and support for families and individual children or young people where the young person may no longer be at home. In the Prevention and Early Intervention Initiative, the level of need and the way in which services were targeted varied. Some programmes were delivered on a universal basis in both socially advantaged and disadvantaged areas (for example, Odyssey – Parenting Your Teen, Lifestart Growing Child Parenting Programme, Media Initiative for Children: Respecting Difference, Eager and Able to Learn). Some were delivered on a locality basis, where the catchment area was decided on the basis of levels of disadvantage (for example, Preparing for Life in

North Dublin; CDI Early Years, Doodle Den and Mate-Tricks in Tallaght West, Dublin; Incredible Years in Dublin and Kildare). Triple P was delivered at a population scale in Longford and Westmeath.

Entrance criteria to the services also varied. In some services, parents were encouraged to attend based on their self-identified need or interest in the service (Odyssey – Parenting Your Teen, Lifestart Growing Child Parenting Programme, Media Initiative for Children: Respecting Difference, Eager and Able to Learn, Preparing for Life, CDI Early Years, Doodle Den, Mate-Tricks). In other services, parents were referred because their child had met the threshold for a particular problem, for example, the level of severity of behavioural problems (Incredible Years, Functional Family Therapy). Within the Triple P Program parents can become involved at the different levels of support offered, ranging from universal through to targeted intensive intervention.

Different approaches were used, including one-to-one work (Preparing for Life, Lifestart Growing Child Parenting Programme, CDI Early Years, Eager and Able to Learn) and group work (Incredible Years, Odyssey – Parenting Your Teen, Doodle Den, Mate-Tricks, Media Initiative for Children: Respecting Difference and Triple P).

The work with the parents was delivered in a range of settings, including the home (Preparing for Life, Lifestart Growing Child Parenting Programme, CDI Early Years, Eager and Able to Learn); day care, pre-school or primary school settings (Media Initiative for Children: Respecting Difference, Mate-Tricks, Doodle Den, Triple P); and community settings (Odyssey – Parenting Your Teen, Triple P, Incredible Years). Six of these programmes were delivered in Ireland (Preparing for Life, CDI Early Years, Mate-Tricks, Doodle Den, Triple P and Incredible Years) and two in Northern Ireland (Eager and Able to Learn, Odyssey – Parenting Your Teen). The Media Initiative for Children: Respecting Difference and Lifestart Growing Child Parenting Programmes were delivered in both Ireland and Northern Ireland.

Some services provided their programmes directly using their own staff (Preparing for Life, CDI Early Years, Mate-Tricks, Doodle Den, Odyssey – Parenting Your Teen, Triple P, Lifestart Growing Child Parenting Programme, Incredible Years). Others were indirect service providers who trained other professionals to deliver the programme on their behalf (Eager and Able to Learn and Media Initiative for Children: Respecting Difference).

Some evidence-based programmes developed elsewhere were delivered locally with fidelity to the original programme (Triple P, Incredible Years, the parenting component, Parents Plus, of the CDI Early Years programme). The Prevention and Early Intervention Initiative has shown that it is possible to replicate evidence-based programmes in Ireland that have been developed elsewhere and achieve successful results. Results were consistent with those found in other countries or regions where these programmes have been extensively used. It was not as simple as just taking programmes shown to be effective elsewhere ‘off the shelf’ and rolling them out; it took time and effort to recruit and train staff and there were issues of organisational readiness that had to be addressed even after the programme had been selected. This appears to have been facilitated by active consultation with communities and key stakeholders, paying close attention to organisational readiness for implementation, recruiting, training and supporting staff and monitoring service delivery.¹¹⁷

¹¹⁷ these factors are discussed in more detail in Sneddon et al, 2012

Providers have also developed programmes ‘from scratch’ (Eager and Able to Learn, Media Initiative for Children: Respecting Difference, Doodle Den and Odyssey – Parenting Your Teen), or have designed programmes based on models with a strong evidence base (Preparing for life and the evidence base on home visiting) or have adapted existing evidence-based programmes (Mate-Tricks and Lifestart Growing Child Parenting Programme). Organisations used innovative methods to develop home-grown programmes and services based on assessed need and identified gaps, but importantly underpinned by a robust evidence base. These programmes based the design of their new programmes on a clear understanding of local need and what the existing evidence base suggested would be effective with these particular client groups. Engagement with users and other stakeholders was important to ensure that the programme’s approach would be feasible and appropriate for the local context. It also took time to develop the appropriate administration, to develop manuals for the programmes detailing the approach and to train staff. The early experiences of delivering these newly developed programmes was important for further design of the approach being used and the information from the evaluations has been crucial in helping the organisations decide how best to develop these programmes further and scale them up. These organisations have shown that it is possible to develop, run and evaluate a new evidence-informed programme within four years. This is in keeping with the research into effective implementation, which suggests that it takes between two and four years to fully establish an evidence-informed programme in a community.¹¹⁸ Odyssey – Parenting Your Teen, Media Initiative for Children: Respecting Difference, Eager and Able to Learn, and Doodle Den will be building on the successful outcomes from these pilot projects to develop their approach further. In many of the studies, the findings from RCTs to examine how much outcomes changed were made more powerful by the addition of the qualitative information about how clients viewed and experienced the services. Looking at the quantitative and qualitative information together has provided rich information for the service providers about how the programmes can be improved in the future.

The outcomes that the parenting programmes aimed to change were also diverse; they included improving parenting knowledge and skills, reducing parenting stress and encouraging parents to support specific aspects of their children’s development (such as literacy skills and attitudes towards diversity). The results from the evaluations showed improvements across a number of parent and child outcome areas.

Many of the programmes significantly improved parental attitudes, understanding, mental health and well-being:

- A range of approaches was shown to be effective in changing how parents perceived and dealt with the parenting challenges they were faced with. In the services working with parents as their main focus (Incredible Years, Triple P, Preparing for Life, Lifestart Growing Child Parenting Programme and Odyssey – Parenting Your Teen and CDI Early Years), parents showed significant reductions in stress and anxiety.
- Improvements were also evident in relation to parental self-efficacy; parents were less anxious about their capacity and competence to parent effectively.
- Parents had gained knowledge and skills about the tasks of parenting.
- Following attendance at programmes, parents had more realistic expectations of their children’s behaviour, regardless of age. A number of programmes were shown to be

¹¹⁸ Fixsen, 2005

effective in changing how parents perceived and dealt with parenting challenges (Odyssey – Parenting Your Teen, Triple P, Incredible Years).

- Programmes were effective in improving parent-child relationships. This included reduced parent-child conflict and more positive communication and interaction, leading to better quality relationships between parent and child (Odyssey – Parenting Your Teen, Triple P, Incredible Years). Positive improvements in the quality of the parent-child relationship were also a key finding in Preparing for Life, CDI Early Years, and Mate-Tricks. Functional Family Therapy was shown to improve outcomes on measures of family functioning.
- Preparing for Life and Eager and Able to Learn demonstrated a positive improvement post-intervention in the home learning environment, with parents engaging more frequently in learning and play activities with their children in the family home.
- Programmes were effective in improving parenting practices. In Preparing for Life, children in the high-treatment group were exposed to less parental hostility and as a result of services provided through the mentor programme were living in a safer home environment. Parents in the parent training group of the Incredible Years Parenting and Child Training for Children with ADHD used fewer forms of harsh discipline and displayed improved parental instruction.
- The evaluation of Triple P demonstrated that parental distress at the population level can be reduced.

Parenting programmes and/or interventions with a parental component were also shown to be effective in improving outcomes for children:

- Participation in parenting programmes resulted in significantly reduced emotional and behavioural problems in children (Triple P, Incredible Years).
- In services where parents engaged with the programme and showed consistent attendance at sessions, this often led to improved outcomes (CDI Early Years, Mate-Tricks).

Research studies, such as the evaluations funded under the Prevention and Early Intervention Initiative (as covered in this report) and the large-scale national cohort studies currently under way (e.g. the Millennium Cohort study in the UK (including Northern Ireland) and the Growing Up in Ireland study), provide a useful insight into parental well-being and its impact on children's outcomes. The parental well-being indicators included in the large-scale national cohort studies, combined with the already well-developed and soon to be expanded child well-being indicator set in the biannual *State of the Nation's Children* reports, creates the potential for both jurisdictions to build a more comprehensive understanding and picture of how our children and their parents are doing and how their identified needs can best be met. The projects in the Prevention and Early Intervention Initiative have shown that there are useful measures that can be used to capture meaningful aspects of parenting and child outcomes. They have been shown to be useable in the local population and to be robust. Validated measures used to assess parental well-being and coping included the Parenting Stress Index (PSI), Stress Index for Parents of Adolescents (SIPA), Parental Self-Efficacy Scale and the Home Learning Environment Scale. The Strengths and Difficulties Questionnaire (SDQ), the Eyberg Child Behaviour Inventory (ECBI) and the Child Behaviour Checklist (CBC) employed in the evaluations elicited valuable information on child behaviour. Given the importance of parenting for children's outcomes, it is perhaps surprising that we do not routinely collect information on parental well-being in either Ireland or Northern Ireland.

Organisers of the programmes worked hard to both recruit and engage parents. It was important to locate the service where it was accessible to parents, either by choosing settings that were convenient and inviting for parents to go to (such as town halls) and/or had good face validity for the work being done (such as pre-school or primary schools), or to deliver the service at home. The length of the sessions was also an important consideration, as well as when they were scheduled (some programmes held sessions during the day, others in the evenings or at weekends to facilitate working parents). Providing additional services, such as crèches, was also seen as an important enabler for some of the group programmes since parents did not have to arrange separate childcare in order to attend the programme. Some of the programmes working with parents to support work done directly with the children also held joint sessions (where parents and children attended together), as well as the parent-only and child-only sessions.

Programmes often undertook extensive recruitment drives, such as advertising in the media, word of mouth, meeting with other professionals to raise awareness of the service, distributing leaflets and so on.¹¹⁹ Once parents engaged with the programme, ongoing efforts were made to minimise dropout. This was an ongoing challenge for many of the services and was done by trying to ensure that the ethos of the services was non-judgemental and non-stigmatising, and staff were appropriately trained and supported. There was also flexibility within some of the programmes to either vary the pace of delivery according to the needs of the parents or to have discussions where the topics were partly led by the parents.

A wide variety of creative techniques was used within the programmes themselves to increase parental knowledge and to change behaviour. These included the use of printed tip sheets (which the parents collected over time and which they found helpful to refer to), one-to-one and group discussions, presentations by facilitators, video clips and practical resources (e.g. providing safety equipment for younger children).

The relationship between the parent and the practitioner delivering the programme was commented on in the qualitative studies as a key ingredient for engagement and success. This was considered particularly important with respect to programmes delivered in group settings alongside the social dynamic with the other parents in the group. The group discussion format was seen to help with learning new skills and the collaborative nature of the groups provided valuable supportive opportunities. A key component of the success of the group sessions was the background, training and experience of the facilitators. Facilitators who were seen as skilled, knowledgeable and non-judgemental were valued. A lack of experience and knowledge of working with children of different age groups and working with adults/parents was seen to impact negatively on the ability of facilitators and staff members to engage effectively and develop relationships with parents and families. There is a need to accurately match staff to particular programmes targeted at particular age groups and to skills sets required for the specific programme purposes.

Organisations sometimes found that extensive training was required to equip staff to engage with and deal effectively with factors and influences outside of the programme content, particularly in services where there is a substantial home visiting component (e.g. families at risk living in areas of social disadvantage) and for professionals to have sufficient knowledge and training on appropriate support services, referral pathways and options available to families.

¹¹⁹ Sneddon et al, 2012

It is important that programme developers give accurate information about the true costs of delivering their programmes and that these are also taken into account in any evaluations that are undertaken. These should include the costs for setting up and delivering the service such as training, cost of resources, cost of practitioner preparation time, parental programme completion rates and the cost to deliver.

Given the diversity in parents and the variation in the parental role at different stages of their children's development, a range of evidence-based approaches is needed. Government Departments and agencies, service commissioners and providers need to develop a feasible and practical menu of evidence-based and evidence-informed practice resources and programmes designed to address the needs of children, parents and their families along a continuum, from universal level through to intensive specialist services for those with additional needs. Services and programmes should be flexible and capable of being adapted to suit the changing needs and circumstances of children and families in their communities. Support that is tailored to the parent's need and to the child's stage of development may be beneficial from pregnancy, early years, middle childhood and into the teenage years, as the children grow and the parenting role evolves and changes.

Within the Prevention and Early Intervention Initiative, cross-agency and collaborative partnerships were important to the development and delivery of several programmes (e.g. Triple P, Preparing for Life, CDI Early Years, Mate-Tricks, Doodle Den and Incredible Years), as well as in other parenting programmes (e.g. Strengthening Families and Marte Meo). These interagency and partnership approaches to implementing and delivering services to parents encourage buy-in and commitment from the key stakeholding agencies delivering services across the primary sectors of child and family, health, education and justice. The aim is to reduce duplication, streamline services in communities and increase effectiveness of service delivery. In both jurisdictions, this fits with the general functions of the Children and Young People's Strategic Partnership and their outcome groups in Northern Ireland and the Children and Young People's Services Committees structure in Ireland.

The evaluations of the programmes in the Prevention and Early Intervention Initiative have largely measured their impact on outcomes either at the end of parents' participation in the programme or up to one year later. There is a need to examine whether these positive changes are sustained over time and what factors influence this. Other available research which has followed programmes such as these over time suggests that there may be a need for possible refresher courses to reinforce and build on the parenting knowledge, skills and strategies acquired during the interventions.

All of the services in the Prevention and Early Intervention Initiative undertook to use evidence at every stage in their project development. Some had access to various forms of support, such as funded exploration stages, training in logic modelling and manual development, access to individuals with expertise in research, practice and policy, and funding to employ independent evaluation teams. As organisations, they have acquired a huge amount of knowledge about how to choose which approach is most likely to be effective in the local context, how to implement it either as a new service or by changing existing practice, and how to gather quality information about how well it is working. In the first stage, decisions had to be made regarding which approach to use and whether to use an evidence-based programme shown to be effective elsewhere (and adapt it to the local context) or to develop a new programme. Implementing these programmes often required a

fundamental shift in how organisations conducted their business and delivered their services. Considerable time and effort was involved in recruiting and training staff, recruiting participants for evaluation, ensuring that fidelity to the programme was maintained and that the programme was succeeding in achieving outcomes as identified from the outset. They all managed external evaluations and have held their work up to be examined. Undertaking evaluations in addition to delivering services proved challenging. For those whose evaluations are now complete, they are integrating the learning from these evaluations into future service development. The learning from the initiative about factors which supported and were challenging in this process of using evidence in practice are described in Sneddon et al, (2012).

Key learning

- The evidence base in Ireland and Northern Ireland of programmes and interventions designed to improve outcomes for children is increasing. We are learning more about what approaches work best for which parents on the island of Ireland and also how to implement these effectively so that the best outcomes can be achieved.
- Inclusion of parental well-being indicators to the already existing set of child well-being indicators in major studies and reports is facilitating the development of a more comprehensive understanding and picture of the lives of children and their parents.
- The programmes and interventions delivered as part of the Prevention and Early Intervention Initiative in Ireland and Northern Ireland have demonstrated that they were able to replicate evidence-based programmes with fidelity and show positive outcomes consistent with those produced in other regions and jurisdictions internationally.
- It was also possible to successfully develop new programmes and services that are underpinned by a sound and robust theoretical evidence base and that are showing positive results.
- There is evidence to suggest that interventions can influence parenting outcomes at the population level.
- There is no one approach that will meet the needs of all parents. Programmes and services need to be selected not only on the basis of impact but also taking account of the fit with services users' needs, the most appropriate mode of delivery and children's developmental stage. The decision should be informed by what is already known to be effective, the nature of the problem, the fit of the proposed approach to local needs and the ability to resource and sustain the initiative. This will go a long way towards ensuring that families receive the support they need, when they need it, and through interventions that are effective and known to work to improve outcomes for children.
- Programmes are being delivered in a broad range of settings and contexts to children at different developmental stages and to families presenting with a variety of different problems and difficulties. Easily accessible referral routes to services, combined with interventions that are being delivered to a broad section of children (e.g. in school settings), have the potential to improve outcomes for the harder-to-reach cohorts of children.
- Programmes have been designed to address the changing needs and circumstances of children and families, and are both universal and targeted. But there is a need to provide services to children across the lifecycle and particularly to children at each of the critical developmental stages.
- Interagency partnership and collaboration in service delivery may reduce duplication of services at local level, increase the potential of engagement and buy-in from all of the key

stakeholders, including service users, in the local community and increase the likelihood of successful implementation of programmes and services.

- Engaging parents to start a programme and to stick with it is a key consideration and one that needs attention paid to it throughout the parents' contact with the service, not just at the start when parents are being referred or recruited. Designing, locating and delivering programmes to parents should be focused on their needs and what will best engage them. Services should examine who is taking part in the programmes, as well as who is dropping out before completion. They should also examine who from their target group is not taking part in the programme and undertake active outreach to these groups.
- The skill of the practitioner in working with parents, and his or her ability to build a relationship and engage with the family, are key ingredients for success. Training is required in order to increase the capacity and skills of professionals to engage effectively with parents and to develop positive working relationships with children, parents and their families, most notably with hard-to-reach groups and where factors such as mental health, substance abuse and family violence are impacting on parenting capacity and family functioning.
- The programmes and interventions reviewed in this report have demonstrated their capacity to improve parental well-being and child behavioural difficulties in a relatively short period of time. More information is needed to show that these improvements and changes in well-being can be maintained over time, and therefore future evaluation studies should include longer-term follow-up with children, parents and families using services.
- Any study undertaken should automatically incorporate a cost-effective element.
- The evidence base now exists (from the proliferation of programmes and interventions to support parents being introduced and delivered in both jurisdictions) to prompt decision-makers and service commissioners to develop and approve a menu of child-focused, parent-focused and family-based interventions and practices to be delivered across the statutory and voluntary sectors. The learning from the Prevention and Early Intervention Initiative provides useful knowledge about the effectiveness of different evidence-informed approaches to changing parental outcomes in Ireland and Northern Ireland and how best to implement these services effectively.

Appendix – Examples of other parenting support and programmes outside the Prevention and Early Intervention Initiative

The following are examples of other evidence-based programmes being delivered in Ireland and Northern Ireland which have been shown to lead to positive outcomes in relation to parenting and parent child relationships.

Sure Start

Sure Start is a UK service targeted at parents and children under the age of four living in disadvantaged areas. It is open to all families living in specific deprived areas and provides services in response to the social, emotional, physical and educational development of children and families. The Sure Start services are delivered through a holistic approach with health, education and parenting support services provided in a coordinated way. There are currently 35 Sure Start projects in Northern Ireland providing services to approximately 34,000 children aged 0–4 years and their families within the designated areas (the top 20% most disadvantaged wards in Northern Ireland). The plan is to expand Sure Start provision to the 25% most disadvantaged wards in Northern Ireland.¹²⁰ The Sure Start provision also includes a developmental programme for 2–3-year olds, which aims to enhance the child's social and emotional development, build on their communication and language skills, and encourage their imagination through play.

The National Evaluation of Sure Start (NESS) in England has been following families recruited from 150 Sure Start areas, and comparing their children and families' functioning with that found in similarly disadvantaged areas where there is no Sure Start provision. The recent follow-up study of over 5,000 seven-year-old children and their families (NESS,¹²¹ 2012) provided some support for the view that UK Government efforts to support children/families via the original area-based approach to Sure Start paid off to some degree with parent outcomes, but not necessarily with regard to child outcomes. When Sure Start programmes provided high-quality pre-school childcare, child language development did improve, and other research shows that improvements can be long lasting and extend to educational and social outcomes (Melhuish et al, 2010).¹²² The Sure Start service evolved considerably in its first few years of implementation, partly in response to early evaluation findings and both internal and external feedback. In particular, policy developments clarified guidelines and worked to strengthen service delivery. Children's centres were found to be immensely popular with parents and the national evaluation showed that they were successful in reaching the parents who are likely to be the most disadvantaged. The evaluation concluded that the success of Sure Start centres in engaging and supporting the poorest families without stigma means that they provide an infrastructure that is well placed to engage the most vulnerable groups and support them effectively. In addition, the evaluation of the seven-year-olds showed that the beneficial effects for parents persisted at least two years after their last contact with Sure Start programmes, which is important because often social

¹²⁰ Department of Education, 2012: Learning to Learn

¹²¹ NESS (2012). *The impact of Sure Start Local Programmes on seven year olds and their families*. Department for Education Research Report DFE-RR220 Accessed at <http://www.ness.bbk.ac.uk/impact/documents/DFE-RR220.pdf>

¹²² Melhuish, E., Belsky, J., MacPherson, K. and Cullis, A. (2010). *The quality of group childcare settings used by 3-4 year old children in Sure Start local programme areas and the relationship with child outcomes*: Research report DFE-RR068. London: Department for Education.

interventions do not have such a sustained impact. The evaluators concluded that Sure Start Children's Centres are well placed to provide improved integrated services to help support the most disadvantaged children and families and potentially assist in narrowing the gap between the disadvantaged and the more advantaged. However, Sure Start should focus more directly on improvements to young children's daily experience, which is a primary engine of child development, if they are to improve child outcomes.

Parents Plus parenting programmes

Parents Plus is an evidence-based parenting programme developed in Ireland by Professor Carol Fitzpatrick, Dr John Sharry and other Irish professionals in the Mater Child and Adolescent Mental Health Service. The Parents Plus programmes are practical and positive evidence-based parenting courses, using video input to support and empower parents to manage and solve discipline problems, promote children's learning and develop satisfying and enjoyable family relationships. There are now three programmes aimed at different age groups: Parents Plus Early Years Programme (1–6 years), Parents Plus Children's Programme (6–11 years) and Parents Plus Adolescent Programme (11–16 years).

The Parents Plus programmes have been subjected to four randomised controlled trials (RCTs) and three independent evaluations in Ireland and the UK. In all, the 10 studies have shown that the programmes are effective in reducing behaviour problems in children, reducing parental stress and achieving high satisfaction from parents.¹²³ The Parents Plus Adolescent Programme has been recently evaluated using a RCT in secondary schools in Kerry and Cork in Ireland. Results found that adolescents displayed significant reductions in total difficulties and conduct problems, decreased parental stress, increased parental satisfaction and resulted in significant improvements in parent-defined problems and goals.¹²⁴

Marte Meo Programme

The Marte Meo Programme is a video-based communication approach to child development, which focuses on the quality of the interaction between child and caregiver. Marte Meo is most often conducted in the family home or residential setting, and can be used with children aged 0–18 years. Developed by Maria Aarts in the Netherlands, it is an evidence-informed approach to parenting being implemented in over 40 countries worldwide and has been delivered in Ireland through the Health Service Executive (HSE) since 1995. There are currently 180 accredited Marte Meo therapists from a range of professional backgrounds using this parent training method in all HSE regions. The Marte Meo Programme is subjected to evaluation in Ireland and Europe.

¹²³ Beattie et al, 2011; Nitsch et al, 2011; Quinn et al, 2006 and 2007; Coughlin et al, 2007; Griffin et al, 2006; Behan et al, 2005 and 2001

¹²⁴ Nitsch, 2011

Parent-Child Home Program

The Parent-Child Home Program (PCHP) is being implemented in the docklands area of Dublin by the Early Learning Initiative in the National College of Ireland and now as part of the Area Based Childhood programme (ABC). This US model has been in existence for over 40 years and its operation and effectiveness has been subjected to longitudinal multisite randomised controlled studies showing positive results.¹²⁵ The programme developer, Dr Phyllis Levenstein, focused on parents as the key to promoting school readiness and academic success. Her model was aimed at strengthening the parent-child verbal interaction through reading and play activities in the home. This interaction would then create language and literacy-rich home environments and provide children with the language, early literacy and social-emotional skills they needed to enter school, ready to be successful students. The PCHP is a learning-through-play experience for parents and their pre-school children, aged 18 months to two and a half years, in their own home. It is designed to strengthen the bond between parent and child, and to encourage a love of learning, improve language and literacy skills and enhance social/emotional development. It employs a non-directive approach and encourages the parent as the child's first and best teacher. The PCHP was evaluated by the Child and Family Research Centre at Trinity College Dublin. Evaluation of the first two years of the programme indicated improved learning for children and quality experiences for parents.

Nurse-Family Partnership

The Nurse-Family Partnership has been a particularly successful early intervention home visiting programme to improve outcomes for children and families. The programme is provided by nurses to low-income, first-time mothers, commencing during pregnancy and continuing post natally. The aim is to improve pregnancy outcomes through better health-related behaviours and to improve parenting both in the short and long term by facilitating the development of better skills both in the care of the child, planning and economic self-sufficiency. The programme employs a model based on theories of human ecology, self-efficacy and attachment. Nurses develop trusting relationships with mothers and other family members to review their childhood experience of being parented, to help them decide how they themselves want to parent and to promote sensitive, empathetic care of their children.

The Nurse-Family Partnership was first developed in the USA,¹²⁶ where it has been shown to have lasting and wide-ranging impacts, including a reduction in children's injuries and a reduction in adolescent antisocial behaviour. Rigorous evaluations have also shown that the programme reduces physical abuse and neglect, and associated adverse outcomes such as injuries to the children of first-time, disadvantaged mothers. In recent years, the Public Health Agency (PHA) in Northern Ireland has introduced the Family-Nurse Partnership into voluntary and statutory organisations.

¹²⁵ Rafter and Knickelbein, 2005; Levenstein et al, 1998; Lazar and Darlington, 1982

¹²⁶ Olds, 2006

Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is an evidence-based behavioural parent training developed in the 1970s by Dr Sheila Eyberg for children aged 2–7 years and their caregivers. It is used extensively in clinical services in Ireland and Northern Ireland. PCIT is aimed at young children experiencing emotional and behavioural disorders, and it places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. The development of PCIT was based on Baumrind's (1968) authoritative parenting style. Her research showed that to promote optimal child outcomes, there must be a focus on promoting optimal parenting styles and parent-child interactions. PCIT draws on both attachment and social learning theories to achieve authoritative parenting. Research on PCIT's outcomes has demonstrated statistically and clinically significant improvements in the behaviour problems of pre-school age children.¹²⁷ It has also been shown to be effective for children with autism,¹²⁸ children with oppositional defiant disorder,¹²⁹ as well as with physically abusing parents.¹³⁰

Home-Start

Home-Start is one of the largest family support providers in the UK. Established over 30 years ago, there are now 330 Home-Start schemes in England, Scotland, Wales and Northern Ireland.¹³¹ It offers volunteer home visiting support to families under stress where there is at least one child under five years of age.

Home-Start's volunteers visit the family's home for a couple of hours every week. They tailor-make their support to the needs of the parents and children. Volunteers keep visiting until the youngest child turns five or starts school, or until the parents feel they can stand on their own two feet. Parents and volunteers often develop a trusting relationship, which can lead to change within the family. They also run family groups and social events for families. A large evaluation of Home-Start by McAuley et al (2004) concluded that:

- At the start of the study, the majority of mothers from both groups were experiencing a high level of parenting stress and high levels of depressive symptoms. Problems with the social and emotional development of their children were also evident.
- The mothers appeared to have little social support, and for the families using Home-Start, this was often the only non-statutory service available.
- Mothers who received the support of a Home-Start volunteer valued the service and considered that it had made a positive difference to their lives.
- At the 11-month follow-up, the mothers in both groups showed improvements in well-being. This appeared to be due to changes over time and to experience.
- Although many families were not accessing the services they clearly needed, the costs of supporting young families experiencing stress are still quite high, with the costs spread across a number of agencies.

¹²⁷ Eyberg et al, 1995

¹²⁸ Masse et al, 2007

¹²⁹ Zisser and Eyberg, 2009

¹³⁰ Chaffin and Silovsky, 2004

¹³¹ Home-Start, 2003

Strengthening Families Program

The Strengthening Families Program (SFP) is a 14-session family skills training programme designed to increase resilience and reduce the risk factors for substance misuse, depression, violence and aggression, involvement in crime and school failure in high-risk, 12–16-year-old children and their parents. Parents and children attend both separately and together. Positive results from over 15 independent research-replicated studies and a Cochrane Systematic Review have demonstrated that the programme is robust and effective in increasing protective factors by improving family relationships, parenting skills and improving young people's social skills and life skills.¹³² The SFP is being delivered in Ireland through probation services and local drug and alcohol community groups in 52 sites covering all counties. The SFP is also delivered widely across the Western Health and Social Care Trust in Northern Ireland in collaboration with organisations including the PSNI, Social Services, Drugs and Alcohol Service; in the Northern Health and Social Care Trust area, it is being delivered in partnership with the Trust called Action for Children, the Northern Area Early Intervention Project, Barnardo's Family Connections and others. A similar partnership approach to delivery is in operation through Belfast City Council with the Department of Justice, Youth Justice Agency, Falls Community Council and Barnardo's. Findings from a quasi-experimental study conducted with 250 high-risk youths and families in Ireland suggest that the SFP is effective in reducing behavioural health problems in Irish adolescents, improving family relationships and reducing substance abuse. In addition, the Irish interagency collaboration model is a viable solution to recruitment, retention and staffing in rural communities where finding sufficient skilled professionals to implement the SFP can be difficult.¹³³

¹³² Kumpfer, 2010; Foxcroft et al, 2003

¹³³ Kumpfer et al, 2012

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